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THE MEDICAL PROFESSION AND THE WAR— THE CANCER PROBLEM

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The Presidential Address before the Academy of Medicine, Toronto, Oct. 5, 1915

AT a time like the present when such momentous events are happening day by day on the Continent of Europe, and the destinies of the nations of the world are trembling in the balance, most of us find it extremely difficult to concentrate our minds on any subject which is not directly or indirectly connected with the war. This is not to be wondered at when we consider that it is by far the most terrible conflict recorded in history, the result of which will influence the future course of events throughout the whole of the civilized world. The state of things in Europe has been recently very vividly brought home to us in Canada, owing to the fact that so many of us have already lost those near and dear to us on the battlefield or in that great tragedy of the sea, the sinking of the "Lusitania," but we rejoice to know that our soldiers have worthily upheld the traditions of our race, and that this country has reason to be proud of her sons.

In no previous war has the medical profession, not only of the British Islands, but also of the Overseas Dominions, played such an important part, and there was everywhere a prompt response to the demand of the Army for civilian surgeons to supplement the work of those belonging

to the service. Many of the senior students in the various medical schools also volunteered for employment as dressers.

As you all know the response from those of our profession in Toronto has been most gratifying. The Army Medical Service of the First Contingent took many of the Fellows, and with the subsequent contingents, Clearing Hospital and University of Toronto Base Hospital, there has been an increasing depletion of our ranks. Sixty-one Fellows of the Academy of Medicine are now on active service. The medical student body of Toronto University has not been behind in their response to the call. Of the undergraduates in medicine, 6 officers and 88 men have gone, while there are 252 men serving from the graduate body of the Faculty of Medicine.

You will remember that very soon after the beginning of the war the Fellows of the Academy of Medicine pledged themselves as a patriotic duty to undertake without charge the professional care of the needy dependents of any men serving with the allied armies during the war now going on; and you have this evening listened to the report of the Patriotic Relief Committee, and can realize how well and truly that pledge has been implemented by the Fellows of the Academy. From the report

of the Hospital Supplies Committee you have also learned how very active the Fellows have been in this matter.

From all parts of the country came offers from private individuals of accommodation for invalid soldiers and sailors, and of large country houses to be used as convalescent homes for the sick and wounded. Australia, New Zealand, South Africa, India, and our own Dominion of Canada have given splendid and magnificent assistance in hospital equipment and personnel, and in the sermon preached by the Archbishop of Canterbury at St. Paul's Cathedral on August 4th, the anniversary of the declaration of war, he says that "the temper of the whole of the British Empire has been worthily reflected by Medicine. A firm resolution to endure to the end and a hope for the victory of the right are displayed in the hearty co-operation between our citizens in all parts of the world in the medical conduct of the war." The United States has also done much to help in the treatment of our wounded soldiers and has made generous contributions in the shape of hospital equipment and personnel.

The war can scarcely fail to have a more or less arresting effect upon medical progress in some directions, in view of the fact that in all the countries concerned so many men engaged in medical investigation and research have, at any rate for the time being, been called away from their work. The interruption to the exchange of scientific data is also a serious obstacle to progress. Many medical meetings which were to have been held during the present year have been postponed. The next International Medical Congress, which was arranged to meet in Munich in 1917, has suspended the work of organization, and in the *Deutsche Medizinische Wochenschrift* there is an editorial to the effect that it is probable that the feelings of hatred excited by the war will not have died out by that time, so that it would be difficult to welcome representatives of the countries now fighting Germany with any degree of cordiality. In fact, Germany seems to be preparing for isolation from the external medical world, and it is announced that the German scientists have commenced a campaign against all medical words of English, French and Russian origin, and that a committee is to

be formed for the purpose of framing a purely German medical nomenclature.

This isolation from the rest of the world may not be an unmixed evil if the opinion expressed by Dr. Greeley in the *Boston Medical and Surgical Journal* of September 10th, 1914, is correct, namely, that in Germany the scientific side of medicine is overdeveloped, whilst the human side is greatly neglected.

The sublime ignorance of the facts in regard to the origin of the war shown in the extraordinary manifesto issued towards the end of last year by the German intellectuals, including such names as the late Prof. Ehrlich, some of the assertions in which are in direct opposition to the statements contained in the German White Book, cannot fail to discredit German science. Can we ever trust the German scientists again?

Soon after the beginning of the war we began to realize how dependent we are upon Germany for the supply of certain drugs, in the manufacture of which she had acquired a monopoly. These included a large number of extremely valuable drugs, which had displaced many of the older remedies, such as the whole range of synthetic drugs, analgesics, antipyretics, alkaloids, salicylates and potash salts. The fact that Germany possessed a monopoly in the manufacture of aniline dyes has caused a very considerable inconvenience. The manufacture of many of these products had originated in Britain, but had afterwards been applied by German manufacturers. One of the chief difficulties in manufacturing them ourselves was that hitherto Germany had had an exclusive supply of the raw material required. There has since been considerable progress in the manufacture of the products formerly supplied by Germany, but there are still many difficulties to overcome before this industry is established on a satisfactory basis.

It is sometimes asked if war offers any compensations for the harm it undoubtedly does in hindering the advance of science? Much has already been learnt in regard to the proper treatment of septic wounds, and as to efficacy of inoculation in the prevention of the diseases which have in previous wars caused more deaths than the actual battles themselves. The vigorous efforts taken in Serbia by the British and Ameri-

can doctors have been so successful that typhus, relapsing fever, cholera and small-pox are now almost stamped out, and so far the health of our troops in France, in England and at home has been extraordinarily good.

At the end of the first year of the war it may be said that the value of the medical work in the Army cannot be too highly estimated, and the practical absence of epidemic disease and efficient sanitary organization has meant a gain of innumerable lives to the allied armies. The heroism of the troops in battle has been equalled by that shown in the hospitals, and the wounded have been attended with courage, assiduity and success, often under the most trying circumstances. Very warm tributes have been paid to the courage and professional efficacy of the Medical Corps by the highest military and political authorities. They all agree that the medical men have rendered most heroic services, and that their courage and devotion is beyond all praise.

I quote the following paragraph from the "Daily Mail," which appeared soon after the battle of Neuve Chapelle: "A bright page in the story of British heroism in the battle of Neuve Chapelle is the conduct of the doctors. As always they distinguished themselves by their fearlessness under fire and their gallantry. Their losses were heavy for they exposed themselves without thought of danger."

Amongst the results of the war which are of special interest to us in Ontario is the establishment of medical reciprocity between Ontario and Great Britain. This became necessary on account of the necessity for those holding the license of the College of Physicians and Surgeons of Ontario to go with the Canadian contingents to Great Britain and France, and therefore to work under the War Office. The Council of the College passed the enabling legislation in December last, the Lieutenant-Governor subsequently giving the Royal Assent. In the *Lancet* of September 4th, a notice appears from the Registrar-General of the Council of Medical Education and Registration of the United Kingdom containing the following paragraph: "That any person holding the license or membership of the College of Physicians and Surgeons of Ontario,

granted after examination in Medicine, Surgery and Midwifery, together with a license to practise in that province, shall be entitled to register in the Colonial list of the Medical Register, providing he satisfies the Registrar regarding the other particulars set forth in Part II. of the Medical Act, 1886. Degrees in Medicine granted by the Queen's University, the Western University and the University of Toronto may so be registered as additional titles, provided they are registered in Ontario."

It has been assumed by some that this war is likely to result in an enormous amount of more or less permanent nervous and mental suffering and incapacitation amongst the soldiers, but although there is no doubt that a certain number of them became unnerved by the horrors of the battlefield, time has shown that a large proportion of these recover after rest and suitable treatment. In an address recently given by Lord Bryce he states that the effect of the fighting on thousands of our men has been to sober them, to stir their deepest thoughts, and inspire them with an urgent desire for a more idealistic basis of living, and he holds that the spectacle of millions of men abandoning home, family, ambition and money, and laying down life for a principle is so glorious as to transfigure the pictures of mangled bodies and human beings gasping in the dark struggle against death. He believes that one of the eventful results of the war will be the great decrease in the amount of mental instability, and that people will return to a simpler life, partly from choice and partly from necessity.

Another fact of importance which we may here mention is that neurasthenia and other neurotic conditions are apparently becoming much less common, in spite of the anxiety and strain resulting from the war. This is not difficult to understand, as the experience of most people who have been accustomed to the treatment of nervous conditions indicates that it is not so much the great tragedies of life which are apt to upset the equilibrium of the nervous system, but small daily worries persisting for long periods of time, and above all lack of occupation and interest in life.

This war is certainly affecting the Fellows from a pecuniary point of view in

that many people who have been accustomed to employ physicians and pay the ordinary fees can no longer afford to do so. The extent to which the war has affected the medical profession in this respect varies in individual cases, but there certainly seems to be no doubt that consultants and specialists are suffering more than the general practitioners, who in a few cases are benefiting more or less, due to so many of their colleagues having taken up military work of some kind.

Now as to the progress of the Academy since the last regular meeting was held, I may say that 27 new men have been elected, so that counting in the 61 who are at present overseas, the total number of Resident Fellows is 404, Non-Resident Fellows 42, Life Fellows 5, and Honorary Fellows 4, making a total of 455. Ten additional names will be submitted at the next Council meeting for election, and it is our earnest hope before the close of this Academy year the total fellowship may come up to the 500 mark by the adhesion of a number of very able men in Toronto who have signified their desire to join with us.

The Cancer Problem.

Until comparatively recently it was believed that cancer occurred only in human beings, but the researches which have been carried out have demonstrated the fallacy of the opinion, and it now appears to be definitely established that both benign and malignant growths may develop in any multicellular organism. In the Report of the Imperial Cancer Research Fund Bashford and Murray state that the results of their investigations indicate that all the histological types of cancer have been recognized both in domesticated and wild animals, although in the latter it is comparatively rare. As regards the domestic animals, it is most common in dogs, but it has also been observed in horses, cows, donkeys and cats, and in a few isolated cases has been observed in pigs, sheep and goats. In domestic birds such as hens and geese, it is fairly common, and the same applies to fish, more especially when they are artificially bred. It is much more rare in wild animals and birds, although there is evidence to show that they are by no means exempt from it.

As regards man, there is no doubt that

it is one of the most terrible diseases which afflict the human race, and that it is responsible for a very large proportion of the deaths from disease in general. Whilst it is unwise to over-estimate the value of statistics, there is no doubt whatever that the endeavors which have been made during the last few years to obtain more accurate statistics in regard to cancer and its mortality have given most valuable information in regard to its geographical distribution, the comparative frequency with which it affects the different organs of the body, and the apparent influence of various occupations of its incidence. The results of these researches indicate that the view which formerly prevailed that cancer affected only civilized races, and that those living under primitive conditions of life and in certain climates were exempt from it, has no foundation in fact, and that it is prevalent to a varying extent amongst all races of the world and in all climates.

As regards the mortality of the disease, a study of the English statistics shows an alarming increase in the fatalities from it during the last few decades. In 1840 the reports show that one person in 5,646 of the total population of the country died from malignant disease; there was one death from it in every 129 deaths recorded, and there were 117 deaths due to cancer per million of the population. On comparing these figures with those for the year 1906 we find that one person in 1,131 of the total population died from malignant disease; that there was one death from it in every seventeen deaths recorded, and that there were 885 deaths due to cancer per million of the population.

On the continent of America we also see a corresponding increase in the death rate from cancer. In New York the death rate from malignant disease in 1913 was 82 per 100,000 of the total population, whereas from the previous five years the average was 79 per 100,000; in Boston it was 118 per 100,000, as compared with an average for the previous five years of 110 per 100,000; in Pittsburg, 79 per 100,000, as compared with 70 per 100,000 for the previous five years; in Baltimore, 105 per 100,000, as compared with 94 per 100,000 for the previous five years; in Chicago 86 per 100,000, as compared with 81 per 100,000 for the previous five years; in Philadelphia 95

per 100,000, as compared with 88 per 100,000 for the previous five years; and in St. Louis 95 per 100,000, as compared with an average of 85 per 100,000 for the previous five years. The mortality statistics for the whole of the United States give in 1900 a death rate from cancer of 63 per 100,000 of the total population, in 1904 of 70.2 per 100,000, in 1909 of 73.8 per 100,000, and in 1912 of 77 per 100,000.

As regards Canada we find that in our own Province of Ontario the annual death rate from cancer has increased from 1,253 in 1904 to 1,806 in 1913. This last figure is a fraction above four times as many as those from typhoid fever in the same year, and very nearly as many as those from pulmonary tuberculosis, which claimed 1,955 victims in 1913.

Werner, who has made an investigation of the vital statistics of Baden, states that during the last twenty-five years the yearly number of deaths from cancer has increased by about one-third in this part of Germany. Bertillon, who has made a similar investigation in regard to France and most of the other countries of Europe, states that it has been doubled in frequency during the last thirty years.

These figures are certainly alarming, and it is therefore not to be wondered at that a considerable amount of attention has recently been devoted to the problem of the most effectual means of diminishing the incidence and mortality of cancer. At the same time it should be borne in mind that there are certain factors which tend to modify this increase in mortality, and indeed some writers go so far as to say that in their opinion it is only apparent and not real. These modifying factors include the imperfections in the systems of vital statistics which are employed in different countries, and the recent improvements in methods of diagnosis of cancer and other diseases, which renders it probable that an accurate diagnosis is made of malignant disease much more frequently than was formerly the case. Further, it is a generally recognized fact that cancer is more apt to develop in people over forty years of age than in younger individuals, and as the average duration of life has increased, it follows that a larger proportion of people now live to attain this age. But even when due allowance is made for scientific pro-

gress and the changes in modern conditions of life there seems to be no doubt that the mortality from cancer is steadily increasing, and that if this increase cannot be checked its ravages in the future will be terrible to contemplate.

The problem of cancer is therefore one of vital importance to humanity in general, both from the point of view from prevention and treatment. Societies have been formed in practically all civilized countries in the world with the object of carrying out scientific investigations to determine its aetiology, but so far, although the hypotheses advanced in this connection have been manifold, very little light has been thrown upon it. The quest for its causative agent is analogous to that which was persevered in for so many years without result in the case of tuberculosis, and was at length rewarded by the discovery of the tubercle bacillus. We still remain more or less in the dark with regard to cancer, but there is no doubt that some day in the near or distant future this problem, which is now occupying the attention of so many of our greatest scientists, will also be solved.

Contrary to many popular ideas, the investigations of the Imperial Cancer Research Fund have shown that cancer is prevalent amongst both civilized and uncivilized people, amongst all races of mankind and in all climates. It has often been assumed that certain countries, such as India, China and Japan, are comparatively immune to malignant disease, but the results of recent researches indicate that it is by no means so rare in these countries as has generally been supposed. Indeed, the Japanese statistics for the four years from 1899 to 1903 give the average death from it as 0.49 per 1,000, which is higher than that of some of the European countries. Werner and Bertillon have published some interesting statistics with regard to the geographical distribution of cancer. Werner found that its prevalence appeared to be independent of climate, geological or similar conditions, and that areas in which it was very common and comparatively rare were frequently situated close to one another. In some instances it was rare in districts in which the proportion of the inhabitants over fifty years of age was small, and common in those in which there

was a comparatively large proportion of individuals of advanced age. Bertillon found that it was much more common in the north than in the south of France, and that in the area of greatest mortality from this disease, which is situated around Paris, the mortality from it is from three to four times as great as in other parts of the country. The statistics of deaths from carcinoma in other European countries show that the mortality from it in the Mediterranean countries in the year 1906 to 1907 was less than half that in the others. While it is probable that some definite peculiarities are at the basis of the differences in the geographical distribution of cancer, they have so far not been discovered.

I do not propose here to discuss the many theories which have been advanced from time to time to account for the origin of cancer, none of which affords a satisfactory explanation of the nature of malignant disease. The fact, however, that we are up to the present ignorant of its actual cause does not prevent our attacking the problem from the standpoint of prevention and cure. The researches which have been carried out have definitely shown that there are certain predisposing causes, the most important of which is chronic irritation of various kinds, dependent upon mechanical, physical, thermal, chemical or other irritants. In some exceptional cases which have been reported the irritation has not been chronic, but has been the result of a single trauma. In addition to local predisposing causes there appear to be certain constitutional peculiarities, which lower the resistance of the organism to this particular disease. Experimental work in mice and other animals has shown definite constitutional susceptibility to cancer, both of the natural and acquired type. People who follow certain occupations are also known to be especially liable to the development of malignant disease. The fact that we now know that such predisposing causes are influential in setting up cancer indicates that desirability of keeping a careful watch for them, and more especially of removing all sources of chronic irritation, where it exists, and of all benign growths which are being subjected to irritation.

There seems, therefore, to be no doubt that chronic irritation sometimes of long duration followed by what may be termed

a precancerous condition, does in a very large proportion of cases precede the development of cancer. This is most clearly seen in cancer of the skin and mucous membranes, a very striking instance being the development of cancer of the tongue of the basis of leucoplakia. VonBrunn was able to determine previous chronic irritation in 328 of 368 cases of superficial cancer which came under his observation. Lesions of the skin from which cancer may develop include warts, certain varieties of pigmented moles, chronic ulcers, sinuses and old scars from burns. With regard to the internal organs the connection between chronic irritation and cancer is not so easily demonstrated, and there is considerable difference of opinion as to the influence in this connection of ulcer of the stomach, gall stones and urinary calculi.

As has already been said, the increased incidence of cancer affects mainly the higher age periods, and that in the majority of cases it develops in individuals over forty years of age. It is said that after the age of forty, one woman of every seven and one man of every eleven, dies from cancer. The age of the patient is therefore of importance in making a diagnosis of malignant disease, and symptoms, which in people of an earlier age, may possibly be of slight significance, increase in importance as age advances. For example, vague and indefinite symptoms of gastric distress in a man of forty-five should not be ascribed to mere functional derangement without the most careful and thorough examination, with a view to excluding organic disease. Cancer below the age of thirty-five is rare, but it has been met with exceptionally in much younger individuals.

It is a well known fact that certain organs of the body are more liable to develop cancer than others, this predisposition of definite tissues varying according to sex. Thus in men the following are attacked in order of frequency: Stomach, liver and gall-bladder, rectum, intestines, oesophagus, tongue, jaw, mouth, lip and breast. In women the order of frequency is as follows: Uterus, breast, stomach, liver and gall-bladder, intestines, rectum, oesophagus, bladder and urethra, face, tongue, jaw, mouth and lip. Cancer of the uterus and that of the female breast form by far the largest percentage of all cancers. The in-

crease in the incidence of cancer as a whole, however, during recent years applies chiefly to cancer of the stomach and rectum, whilst that of the female genital organs has remained practically stationary, and is even said by some writers to be diminishing in frequency.

The investigations which have been carried out do not indicate that environment has much influence upon the incidence of cancer. The one exception to this general rule is that in certain occupations there appears to be a tendency of special parts of the body to the development of precancerous or cancerous conditions, owing to exposure to chronic irritation. This applies especially to workers in coal tar, soot, petroleum and aniline dyes. The returns of the Registrar-General for England and Wales shows that the greatest mortality from cancer occurs in chimney-sweeps.

It is therefore beyond all doubt that malignant disease is on the increase. What is then the duty of the medical profession? Scores of workers are seeking the etiology

of cancer. Others are devoting themselves to the discovery of some sure method of diagnosing the disease early enough to make our present treatment more potent. Still another band of scientists is searching out new remedies and methods of treatment, or improvements of those we already have. Till one or all of these groups is successful, the great body of the medical profession must be content, first, to educate the public as to the early symptoms of the disease, so that the patient will present himself to the physician while the growth is removeable; and, second, to use every known means to diagnose carcinoma when these patients come to him.

We must look forward to the time, not far distant, when the laity are going to take as active a part in the campaign against cancer as they now do in the treatment and prevention of tuberculosis. I trust that when the public do become fully aroused to the dangers of this disease, the medical profession may be in a position to lead them up to the sanctuary of cure.



THE DUTY OF THE CITY TO THE CHILD

WHAT CAN BE ACCOMPLISHED BY A "BABY WEEK"

By CHESTER S. WALTERS,

Mayor of Hamilton

PERHAPS at no time in our national life has the value of health been so clearly brought to our attention as at present. The terrible forfeit which the present war has exacted from the cream of our manhood has served as nothing else could serve to stimulate a keen consideration of the best methods for preserving ourselves and those that are to follow us: a healthy people. The veto of the medical examiner has prevented many a splendid spirit from obeying the call to duty which to-day is sweeping our country from Atlantic to Pacific. The great question which faces our legislators is the health of our citizens and the kernel of that question is the health of the child.

What is the duty of the state to the child? Infant mortality opens a subject which has unfortunately, in the years that are gone, been given much less consideration than its importance demands by our municipal bodies. To-day we find conditions happily changed. The large cities of this and other continents have taken the question up in earnest and the results that have been obtained have more than justified the expenditure.

The appalling fact that a newly-born infant has less chance to live a year than a man of eighty has only to be known to be appreciated. When it is considered that this terrible percentage of mortality is greatly attributable to ignorance, we can see what scope there is for a campaign of education.

It is not sufficient for our municipal bodies to have their cities properly policed and protected against fire; it is not sufficient to have a competent Board of Works and an adequate Board of Health in the usually accepted understanding of the latter body. What we must have is a thorough system of reaching the mother

with those simple methods which will save her child. "If I had only known," spells a greater tragedy than many an epidemic.

That a campaign of publicity and education, which will accomplish wonderful results, may be carried on with a very small expenditure of money has been amply demonstrated by the City of New York. The City of Hamilton has as recently as June of this year brought the question of child welfare before the public by holding the first Baby Week in the Dominion of Canada.

The Baby Welfare Association of Greater Hamilton was organized in May of this year and was the result of an effort to consolidate the many charitable bodies at work in the city in a campaign of publicity and education. The object of the Association, perhaps best explained by the slogan, "Come, Let's Save the Kiddies," was to bring to the attention of the public the work which was being done by the different institutions in the city in the interest of the child. The campaign was to be essentially educative. No money canvass was made.

The week of June 19th to 25th was set aside as Baby Week. For a week previous to the actual campaign the public was made aware of the object of the Association by references in the press to the work in other cities and educative articles for mothers. Through the courtesy of the prominent merchants of the city over forty thousand folders containing helpful hints to mothers were distributed.

Baby Week was inaugurated with a Baby Sabbath. References to the movement were made from all the city pulpits, many of the clergy devoting their entire sermons to Child Welfare. Monday was devoted to the school children. Representatives from the Ministerial Association

of the city visited the different public schools and gave short addresses. Each pupil was given a small illustrated booklet to take home to the parents. The booklet was gotten out in simple form and had for its object practical information for the mother. Over twelve thousand of these booklets were distributed, and it was hoped every home in the city was reached.

Tuesday was given up to an Open Clinic of the Babies Dispensary—an institution in our city which has done wonderful work in its short life. The public was given an opportunity of seeing the practical methods adopted for the instruction of mothers and the care of infants. Wednesday and Thursday were set aside as visiting days. Visits were paid to the various hospitals and homes of the city and to the playgrounds for the children. Time and again the committee had the satisfaction of hearing the remark, "I had no idea this work was being done."

Friday was Outing Day. The mothers and children of the city were entertained by the Association at Dundurn Park. It is estimated that between twelve and fifteen thousand attended. Through the kindness of public spirited citizens band concerts, fireworks, balloon ascensions and every kind of amusement for the kiddies was provided. Refreshments of a simple and wholesome nature were dispensed to all. The outing was a fitting end to a week of untold good in the interest of our little children. The total expenditure for the whole week was less than two hundred and fifty dollars.

Baby Week is to be an annual affair in Hamilton. It is the hope of the Association that the work now started will de-

velop and that the Baby Welfare Association of Greater Hamilton will take its place among the leading associations of its kind on the continent which have for their object the welfare of "His Majesty the



"His Majesty the Baby" and Mayor Walters

Baby." As Mayor of the City of Hamilton I feel that the presidency of the Baby Welfare Association of this city in the year of its first Baby Week will be an office to which I will look back in the years which are spared me, with the greatest pleasure and satisfaction.

HISTORY OF THE ORGANIZATION OF THE BABIES' DISPENSARY GUILD, HAMILTON (Inc.)

By J. HEURNER MULLEN, M.B., Hamilton

AT the present time few will deny that the British system of living, which gives the individual some chance, has its advantages over the German paternalism, even in the administration of charity. That this same chance is the divine right of the child cannot be disputed. To those who have Child Welfare at heart a history of the effort being made in Hamilton may not be without some interest.

It may be wise under certain circumstances to place such work entirely under the control of the Department of Public Health. There are, however, many advantages in having it quite separate. In order to insure success interest must be developed among all classes. The importance of saving the child must be appreciated not only by the mother herself and the medical practitioner, but by those in high places whose duty it is to collect and supply the funds for this work. The problem is one which affects all classes far more than tuberculosis, and in order to get real results the public must be fully aroused not only to the importance of the work, but also the duty that is imposed on every citizen to do his share in helping to protect the child. The work should not interfere with the general practitioner, but should of necessity have his complete co-operation.

Early in the year 1909 it became evident to certain members of our medical profession that something must be done to check the tremendous, unnecessary death rate among children in their first and second years. With this in view we asked the co-operation of our Health Department, and later the City Council, in providing the necessary funds. Failing in our efforts to get much support from the City Fathers, we applied to the ladies of the Victorian Order of Nurses, who were active in our midst. With their support a special collection was made and funds collected for a Clean Milk Campaign during the summer months. A farm was investigated and selected convenient to the city and after the necessary arrangements were completed, we began to supply clean milk

for babies as recommended by Goler of Rochester. Our plant at the farm obtained the milk directly after milking. The milk was bottled according to a set formula and cooled as soon as possible. The bottles were shipped to the city and supplied to all asking at much below cost. This work was carried on from July 21st to September 15th, 1909.

The following summer we found it impossible to obtain milk from the same producer, or in fact any other producer in the same locality, of a sufficiently guaranteed standard for certified milk. Under these circumstances it was necessary to move our plant to the city. We obtained a supply of certified milk from Erindale, 25 miles away. We continued as before to put up feedings according to a set formula, and operated the plant from June 20th to September 15th, 1910. The experience of these years during the summer months proved a costly experiment and showed little in the way of results. As a result we decided to organize a separate charity, to be known as the Babies' Dispensary Guild of Hamilton.

Under this Guild the work was to be carried on, if possible, during the whole year. With organization and system we would attempt to show something in the way of results and progress. It was proposed that this Guild should consist of members who paid an annual fee of five dollars, which members were to be asked to attend an annual meeting for the purpose of electing the various officers and discussing the general affairs of management. A Provincial charter was obtained and the work actually begun.

In preparing the scheme for general organization we provided for a small executive, consisting of the president, secretary, treasurer and a representation of two from the Medical Board. Later we considered it wise to add two representatives from the Women's Board, an arrangement which has proven most satisfactory in many ways. This executive holds monthly meetings and has full charge of the management of affairs. We have an annually elected Trustee Board, consisting of at

least twenty-four representative business men. This Board is called on to attend quarterly meetings and are asked to help in the annual collection of funds.

The Medical Board consists of nine members, three of whom are elected at the annual meeting for a period of three years. The Medical Board elects the medical dispensary staff, and have supervision over the medical side of the work. Monthly meetings are held for the consideration of routine business. Meetings are held with the medical staff for the discussion of the problems of infant feeding and infant mortality. Papers are read and current literature reviewed. Before election to the medical staff applicants are expected to attend at least twelve clinics in order to become fully acquainted with the routine work and also to demonstrate their special interest. A paper by the applicant bearing on infant care is submitted before election. In allotting duties to the staff we endeavor to have men take clinics not in the immediate neighborhood of their residence and office. The wisdom of such action is not necessary to be explained.

A most important feature of our work is the Women's Board. Their work consists in attacking the many aspects of the Social side of the work.

We began the work with a Central Dispensary, where mothers could bring their babies at a stated hour for examination and advice as to feeding and general care. A history card of each case is filled out, and after a brief investigation the mother and baby are sent into the doctor on duty at the clinic for his examination and report. The physician in attendance at each of these clinics is expected to investigate both the Social and Medical side of the work. He is not merely a diagnostician or a dispenser of milk.

The nurse in attendance explains and demonstrates to the mother the directions given by the doctor for preparing the food for the baby and later follows the case to the home to see that these directions are being carried out properly. She also makes a definite report on forms provided, showing the financial standing of the family and general home conditions. Later she pays other visits, daily, weekly or monthly, according to the necessity of the case. Definite notes of these visits are

taken and preserved with the history. This is probably the outstanding feature of the nurse's work. She establishes herself in the confidence of the mother, and can often render valuable aid in directing other members of the family to institutions and physicians when they of themselves would not have seen the necessity of going.

We endeavor to assist needy mothers whose income is limited and who are not able to pay the regular prices for high grade milk. We consider that all whose weekly income is under twelve, in special cases, fifteen, dollars are deserving of our assistance. We have an arrangement with a local dealer whereby certified milk is supplied and delivered direct to the home at a reduced rate. In certain cases we allow these people to use ordinary commercially pasteurized milk, but when it seems desirable we have a special fund supplied by the Women's Board, which is used to give certified milk to deserving mothers practically free of cost. Those well able to pay are expected to go to their regular family physician for his advice regarding the question of infant feeding and general care.

Since the beginning of our work under this organization we have been able to supply Finkelstein's Albumenized milk for both our own cases and those of outside physicians. We have many happy results to prove the value of this food when it is indicated.

During the past year we have been able to enlarge on the work by opening three branches, where clinics are held one day in each week. While our clinics have been well attended, we feel that a special effort should be made to induce mothers to take advantage of this work. With the increased support given by the public and the municipality we aim to still further expand and thus place these benefits more convenient for poor mothers in the different parts of our city.

Since the beginning of our work in June, 1911, we have been able to carry on the work continually during the year. We have now some interesting records which will show some benefits for which we claim at least a portion of credit. The figures given below will show that since the beginning of our efforts the proportion of deaths

due to gastro intestinal disease has decreased from 57% to 19%.

The problem is not merely the question of saving a few lives amongst the almost unknown poor, but as it effects the conditions in life of those who live and who must be our future citizens, it becomes particularly important at the present time to see that all this work is carried on as successfully and effectively as possible. It is particularly important to solicit the co-operation of the general practitioner and through his interest and assistance reach all classes. Even amongst the cases which we handle for the question of feeding we make no effort to treat cases of illness, but refer them to their regular physicians, and

only when they have none, and are too poor to pay, do we send them to the City Hospital. We ask the city to assist this work with their contribution and with the membership fees and with other contributions are able to carry on the work.

While we have thus far been operating in a modest way without much support from the municipality, we would be glad to let the public throughout the country know that we have at least made a beginning. We ask for a liberal investigation of our work, and a fair criticism.

A copy of our Annual Report will be gladly sent to any upon application to the Secretary of the Babies' Dispensary Guild, Hamilton, Ont.

Agencies giving medical advice, education, and supplying clean milk at a reduced rate:	Year	Total Deaths to 3 years.	Deaths from Gastro-Intestinal Causes.	Deaths from Gastro-Intestinal Causes per 1,000 of total deaths to 3 years.
None.	1908	239	138	577.4 per 1000 deaths.
Medical Society, Milk Commission, Victorian Order of Nurses (during summer months).	1909	189	105	555.5 " " "
	1910	282	141	500.0 " " "
Babies' Dispensary Guild, Inc. (working continuously throughout each year from June, 1911).	1911	427	122	285.7 " " "
	1912	520	129	248.1 " " "
	1913	544	129	237.1 " " "
	1914	530	103	194.3 " " "

NOTE.—The above report is made from the civic records from January to December of each year, not as the civic year, from November to November, so that there will be some slight difference in percentages with the civic reports.

As compared with other cities we offer the following tables prepared from the Provincial Statistics:

THE FOLLOWING STATISTICS ARE TAKEN FROM THE PROVINCIAL REGISTRAR-GENERAL'S REPORT OF BIRTHS, DEATHS AND MARRIAGES.

CITY	Population	Deaths from Gastro-Intestinal disturbances per 1,000 population						Population
	1908	1908	1909	1910	1911	1912	1913	1913
Fort William.....	4,197	4.76	9.26	10.95	2.18	1.73	3.16	24,000
Brantford.....	19,500	1.12	1.01	1.45	.94	.84	2.11	26,000
Ottawa.....	81,000	1.17	.96	1.62	1.93	1.20	1.80	96,000
Toronto.....	230,000	1.53	1.46	1.43	.96	.85	1.20	454,000
Hamilton.....	55,000	1.56	1.14	1.31	.68	.75	.85	100,000

June 15–Sept. 15, '09 and '10, Victorian Order and Med. Milk Commission.

From June 20, '11, continuously throughout each year, Babies' Dispensary Guild, Inc.

THE SCOPE AND FUNCTION OF THE MEDICAL STAFF OF THE BABIES' DISPENSARY, HAMILTON

By W. L. CODY, M.B.

IN this short paper I wish to give a brief resume of the work of the Babies Dispensary and more particularly its Medical Staff.

The work may be placed in two divisions, which, of course, are intimately associated. The first is the actual treatment of babies which are brought to the clinic. This was the original foundation of the work. Secondly, the social and educational side of the work, which must underlie and be the foundation of any true progress in the condition of babies in general and which is only completed when the ideal is reached.

When a baby is brought to the clinic it may present either of two conditions. It may be a normal, well baby for which the mother desires advice in regard to its feeding during infancy. This baby, if breast-fed and doing well, is kept so. Suitable advice is given the mother in regard to her own diet and exercise, the time to feed the baby and the length of time to feed. If the baby for any reason is on the bottle and the mother has no breast milk, it is placed on the modification of cows milk, which is indicated by its age and weight. As the child increases in age the formula is gradually strengthened and additions are made until at the end of the second year it has graduated from the clinic. Weekly records are kept.

On the other hand the baby may be one that is going back, from one of many causes. The most frequent, unfortunately, of these causes is gastro-intestinal disease due to improper or poor feeding. When this baby is brought to the clinic a thorough examination of the baby itself and by questioning the mother, is made to determine the cause of the baby's illness. When

it is found to be caused not from improper or poor feeding, but to some infectious disease, for instance, it is at once referred to the family physician or to the indoor or outdoor staff of the hospital.

A great many babies are found to be suffering from gastro-intestinal trouble of some kind due to improper feeding. These may be either breast-fed or bottle-fed. If breast-fed, efforts are made to improve the quantity or quality of the mother's milk by advice as to her diet and exercise. If this is not sufficient, it is supplemented, not replaced, by a milk formula suitable to the baby's age. The breast is retained whenever possible. Of course each case must be treated individually and on its own merits.

The bottle-fed infant usually has to be taken off the food it is on, as it is usually found to be unsuitable, and the cause of the trouble. One proprietary food after another has often been tried by the parents, and each has failed from one cause or another. No proprietary foods are used by the dispensary. Confidence is placed in cow's milk suitably modified to the size and age of the child. When modifications of whole milk are found to be unsuitable special formulae are prepared and supplied to the parents.

When a baby has been placed on a formula by the clinician the mother is instructed by the nurse in the preparation of the food. Certified milk is used whenever possible, but where the expense is prohibitive, and it is not absolutely necessary, ordinary pasteurized milk is used. Cleanliness in the handling of the milk is insisted on. The total feedings for twenty-four hours are prepared at once, placed in their separate feeding-bottles ready for use and

kept in a cool place till required. Certified milk and any materials ordered for modifications are supplied by the dispensary at cost, or when necessary given to mothers free of charge.

The Social side of the work is, of course, started by the clinician in the instructions which he gives to the mothers. This is continued by the visiting nurse, who visits each child on the list once a week or oftener, as occasion demands. By her instruc-

The great point of improvement has been the raising of the standard of quality of milk supplied to babies. This has been accomplished by setting a high standard in "certified milk." The ideal will be reached when the conditions of milking, care in transit are such that all milk will show a bacterial count lower than the present certified milk. The certified milk used at present is tested regularly by the city bacteriologist.



A mother receiving her first instruction at the Dispensary on the preparation of the food for the baby and the care of the utensils

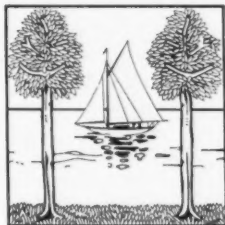
tions in regard to cleanliness in preparation of the child's food and in the general care of the child she gives the mother an added incentive to raise the standard of living in the household. The mother sees the advantage of cleanliness to the health of the child and the benefits of this cleanliness to the health of the whole family. The visits of the nurse bring to light many conditions which can be remedied by report to the health authorities.

The methods adopted by the dispensary for bringing attention to the mothers of the work being done for the benefit of their babies are of special interest. Cases are referred by physicians, but in the majority of cases the parents are reached by a Mother's Letter. This is sent from a mailing list prepared from the births as registered. Not infrequently mothers are referred to the dispensary by those who have already attended and have appreciated the bene-

fits to their children. Physicians should be urged to register births promptly, as it has been found in larger cities that the babies when reached are seen too late to be of benefit. Physicians should also be urged to recommend the dispensary to their poorer patients who on account of the expense will hesitate to call in a medical man until it is too late.

In this short resume I have purposely neglected to take up the details of the various modifications of milk indicated in dif-

ferent conditions. It presents practically a limitless field for discussion. The practice we use is based on the principle of simplicity. In most cases ordinary dilution of whole milk with some sugar is used with or without the addition of cereal decoction. With such it becomes much easier to explain the home modifications to the mother and it is certainly much easier carried out. In the great majority of cases it is our experience that this can be made to fill all the requirements.





Some of the results of the first summer's work. All dressed up for the occasion of the photograph. These include the three pair of robust twins

THE POSSIBILITIES OF WOMEN'S WORK IN RELATION TO THE BABIES' DISPENSARY, HAMILTON

By HELEN M. W. SMITH, R.N.

IN this short review of the work done by our Women's Board, I will endeavor to indicate some of the features which naturally fall to their lot. While the professional worker should be interested with the routine of the daily work, much assistance can be given in the organization side by efficient committees of public spirited women.

In Hamilton, it was considered wise to allot to various groups particular work for which each was best suited and in the development of this organization it has been the duty of the Women's Board to assist in the social side of the work.

This social service work is almost unlimited in its scope. The most essential branch is the relief work and the providing of free milk and other food supplies for babies and mothers whose means are inadequate for these necessities and also

assisting the mothers to provide sufficient and suitable clothing for their infants.

Many of the more intelligent mothers are able to make and alter garments if only material is given them. In connection with this work, sewing classes are held during the winter months for the purpose of instructing mothers in the cutting out and making of infants' garments. The mothers are asked to pay the wholesale prices of the material used if the breadwinner's wage is sufficient to warrant it. At these classes, short talks and demonstrations are given by the nurses on the Care of the Baby, Personal Hygiene, Ventilation, etc., which are of educational value to mothers. Prenatal cases are encouraged to attend and all mothers requested to bring any friends who would be interested or who need help in this manner.

In maintaining this supply of clothing, blankets and the other necessities for this work, the funds of the Board do not suffer. Many donations are made by individuals, churches, clubs and other societies. In this manner close co-operation is established between various philanthropic associations and in this way overlapping in relief work is to a certain extent prevented and consequently the work is more effi-

plains something of the work of the Guild and invites parents in all classes of society to take advantage of the privileges of the Dispensary, either in receiving help or giving aid financially or otherwise to it, in this way helping in this life-saving campaign.

A number of voluntary helpers, one of whom assists daily at the Clinic, weighing the babies, is provided by the Board. This



This pair of twins began at the Dispensary when they were three days old, the mother having died at the birth

cient. A small amount is expended each year in assisting mothers in minor ways, such as sending a char-woman to relieve a sick and discouraged mother in an emergency, repairing eye-glasses, go-carts, carriages, etc., showing a practical sympathy which will tide over a difficult situation.

The Women's Board assist greatly in giving the work the necessary publicity. A list of births, registered for the city, is secured periodically, and a circular letter is mailed to each mother. This letter ex-

greatly relieves the stress of work for the regular staff at the dispensary, especially on unusually busy days. It is greatly appreciated by the supervising nurse.

These various lines of work are carried on in charge of committees, with great enthusiasm on the part of all. Although the Women's Board is an auxiliary board to the main Board of Directors, the work accomplished by it is most essential and probably far more reaching and satisfying than that of any other branch of the organization.

THE OPPORTUNITIES OF THE M.H.O.

By Dr. W. H. HATTIE, Provincial Health Officer

(Conference of Medical Health Officers of Nova Scotia, Truro, Sept. 7th, 1915.)

THE outbreak of the war, which all right-thinking men must greatly deplore despite the added lustre which it will undoubtedly bring to Britain's arms, and despite the potent influence it has had in welding together more firmly than ever the various links which compose the Empire, has naturally had a discomposing influence upon many, if not all, of our normal activities. It would be strange, indeed, if men's thoughts did not turn away from ordinary interests and become centred upon the terrible drama which is now being enacted upon the world's stage. A crisis which imperils the very existence of our Empire, which threatens the liberties of many nations, which has already swept out of existence millions of the world's bravest and best men, and which has brought suffering, sorrow, financial ruin and blasted prospects to countless thousands; a crisis which far transcends any former cataclysm of history, must of necessity absorb the thoughts and modify the activities of every man who values his citizenship. It could not but be expected that the matters which concern us as guardians of the public health should share in the general disturbance brought about by the events which are now trying the souls of men. If, therefore, we have been unable to make the progress we had hoped for towards placing our public health work upon a better and more productive basis, one principal reason is very apparent to all. The precipitation of the great war, just at the time when the forward movement in the interest of the public health began to make itself felt in our fair province, is, of course, unfortunate even from our special and perhaps restricted viewpoint. But there is no reason for discouragement, even though we may feel that marked progress must await the establishment of peace and the readjustment of financial conditions *post bellum*. We

have been greatly hindered in our work, and we must continue to work against many odds, but we can still do our bit with the assurance that the day of larger things is not very far off.

The greatest disappointment of the past year was the failure to secure the co-operation of the municipal and town governing bodies in the establishment of district sanatoria for tubercular patients. The difficulty of securing money, and the uncertainty attaching to the future of the money market, led those entrusted with the administration of the affairs of our towns and municipalities to decline to assume new obligations for the time. The project has, however, been placed in concrete form before each town and municipal government, and when a favorable time comes we may hope for its satisfactory accomplishment.

We have had to face other, though less wide-reaching disappointments, inasmuch as a number of communities which had planned work which bears directly on the health of the people had either to abandon or materially modify their plans.

For the present, it would appear that our energies must be particularly directed along lines which involve little, if any, expenditure of money. It should, however, be always kept in mind that no money is so well expended as that which prevents sickness. Dr. Charles W. Eliot, President Emeritus of Harvard University, has very tritely said: "No public expenditure can be as rewarding as well-directed expenditure on the public health because that is the expenditure which results most directly in the increase of both public efficiency and public happiness." To this statement of so eminent a publicist, no one can take exception, and we would be remiss in our duty as servants of the public if we failed to point out the economies which may be effected by the judicious use of money in enterprises which will prevent the direct

and indirect losses imposed by preventable sickness. The people, and especially the leaders amongst the people should be impressed with the tremendous wastage which sickness entails, with the major part which it plays in the causation of poverty, degeneracy and crime, with its enormous importance to the state as well as to the individual because of the inefficiency and lack of productiveness to which it leads. Not least amongst the preparations made by our far sighted and systematic Germanic foes for their purposed achievement of world-power, was an elaborate development of the public health services, which has, in recent years, resulted in a remarkable improvement in Germany's death rate. Other countries, too, with which we must compete, have not been neglectful in this matter, so that self interest, quite apart from a patriotic desire to do our bit towards maintaining the supremacy of our Empire, should lead us to look well to our greatest asset, and to secure those conditions which will assure us a sturdy, virile, competent and resourceful citizenship. Nothing so handicaps a people in the struggle for existence and for a place in the sun as an undue prevalence of ill health. Nothing is so essential to success and to advancement as a high standard of health.

But even in the absence of the money necessary for the larger public health undertakings, there is no dearth of opportunities for the medical health officer. He should take his position seriously—it is one of great responsibility, involving even the issues of life and death. Over against the insult of a hundred dollars a year and the abuse which those who misunderstand heap so freely upon him, there is the trust which has been imposed upon him by the community—a sacred trust, which obligates him to put forth every effort, without fear, without favor, to guard the health of the community at large, to secure conditions which will permit of the fullest and most complete physical and mental development of the citizens of his jurisdiction, to lay well the foundations for the superstructure which the future will evolve, to serve his day and generation in ways of most intimate concern in relation to human life, human success and human happiness. What greater scope for real usefulness could any man desire? Appreciating, as he should, his re-

sponsibility to the community, the M.H.O. will not easily weary in well doing, but will earnestly, diligently and faithfully do his utmost to secure the conditions necessary to the greatest material welfare of his fellow man.

It is, of course, the duty of every M.H.O. to do all that is possible to secure satisfactory sanitary conditions for the district which he serves. In sewered towns, he should allow himself no rest until all houses on sewered streets are given sewer connection and equipped with approved water closets and other necessary sanitary fixtures. Where sewer connection is impossible, his energies should be directed towards the replacement of insanitary privies by sanitary structures, which should be carefully guarded against visitation by flies. Premises provided with water closets, etc., in unsewered areas should be required to have properly constructed sewage tanks. The water supply should also receive his constant care, and when wells must be depended upon he should be diligent in his efforts to have them rendered proof against contamination by surface washings and by vermin of any kind. These measures are comparatively easy of attainment once their necessity is made apparent to the people. The expense involved is not very great, and what is most needed is the instruction necessary to persuade the public of the reasonableness and the desirability of attention to such matters. The Health Officer should therefore regard himself as an educator—and not merely as a sort of glorified police officer whose duty consists only in locking up families in which a case of infectious disease has developed.

The justification of the Health Officer's activities is not to be found alone in his success in controlling epidemics, but rather in his success in preventing them. It is here that the value of the knowledge of the whereabouts of any possible source of infection tells particularly. There can be no question of the need for knowing where the enemy is if we are to succeed in preventing his advance. Hence it is the duty of the M.H.O. to insist that cases of communicable disease be reported to him, just as it is the moral as well as the legal duty of every medical practitioner to report every case of such disease which comes under his observation. We must always keep in mind

the inestimable value of human life, and must strive both to save it and to save our people from the suffering and the inconveniences and the financial loss caused by unnecessary illness.

The reporting of cases of infectious disease is necessary also that the work of the M.H.O. may be satisfactorily appraised. Until we have accurate records of actual accomplishments in the matter of reducing preventable sickness, we will lack proper justification for our being, and we will lack the most forceful appeal which it is possible to make for public support. To instance the reasonableness of this contention, it is sufficient to state that the city of Toronto has made no reduction in its appropriation for its Health Department this year, although retrenchment has been made in every other branch of the city services. In 1910 the health appropriation in Toronto was \$86,543; in 1914, \$277,958. So enormous an increase — a more than trebled appropriation in five years — might well arouse questionings, but the results achieved by the Health Department have satisfied the citizens of Toronto that there should be no curtailment of its activities. The death rate of the city has steadily declined from 14.0 in 1910 to 11.2 in 1914, and Toronto can now boast the distinction of having one of the lowest death rates of any of the large cities of the world. The deaths from typhoid, diphtheria, scarlet fever, measles and whooping cough have decreased in this period from 130.0 to 39.4 per 100,000 of population. Necessarily the prevalence of these communicable diseases has been reduced proportionately. Is it not easy to understand why the citizens of Toronto should be quite satisfied to continue liberal financial support to an organization which can show such results? And how could such results be demonstrated in the absence of statistical returns?

There is no part of our work which is not important, and there should be no neglect of anything which has a bearing upon the health of our people. There is therefore a definite call for us to instruct them in all matters which concern their physical welfare. Personal hygiene is to be advocated in season and out of season, and instruction should be given in such matters as diet, exercise, clothing, habits and the numberless influences which bear upon the

proper functioning of the various organs of the body. The health of the expectant mother should be guarded in the interest of the health of the child. The health of the infant should be guarded not merely as an assurance for its future welfare, but because of its reflex influence upon the health of the mother and that of the children she may subsequently bear. We cannot overestimate the good which may be accomplished through supervision of the health of our children in the schools, and of the conditions under which they are environed while carrying on their studies, both at school and at home. The preservation of health is not only of importance to insure efficient preparation for the productive years of life, but as a preventive both of the infectious diseases and of the degenerative diseases which we are coming to recognize to be of such serious significance. There is no time, throughout the whole life of the individual, when the conditions that make for health can be neglected with impunity.

Here in Nova Scotia, the greatest foe with which we have to contend is tuberculosis. It is satisfactory to be able to state that we have statistical evidence that this disease is becoming gradually less prevalent. This should encourage us to renewed effort in its control. The appalling death rate amongst infants demands our most serious consideration. We must make a strenuous attempt to save the kiddies. On the other hand we have reason to fear that the death rate amongst those who have passed the age of 40 years is increasing. This is a serious matter, and must not escape our attention. It suggests at once the parts which alcoholism and venereal disease are playing in reducing our resisting powers and crippling our productiveness. These are matters which press very strongly upon us, and they serve to show the breadth of the field which our work must cover. Wherever our people may be, whether in their homes, at school, in offices, shops, factories, at church, or even at places of amusement and recreation, they should be followed by the M.H.O. in the interest of the common health of the commonwealth.

Our object is to save life, and it is our duty to co-operate with any organization which has a similar aim. We should therefore give ready and cordial support to all

measures directed towards community betterments, such as town planning, housing, civic improvement, and charity organization. The Safety First movement deserves our active sympathy, and I am sure that the courses in First Aid to the Injured, in Home Nursing and in Home Hygiene, prescribed by the St. John Ambulance Association, might be legitimately considered a reasonable part of the instructional work which a M.H.O. could profitably carry on in the community which he serves. At this time, particularly, such courses might serve as a stimulus to young people to enlist in the military medical services, which are so essential to the successful prosecution of the war, and it would be most satisfactory to me personally if every M.H.O. were to organize and instruct classes in one or more of these subjects.

These are days of peculiar stress and strain. Brave men are willingly jeopardizing their lives in the desperate struggle upon the result of which hangs the immediate fate of the British Empire. Of that result there can be no question. The Empire will survive, and it will emerge from the great war grander and more glorious than ever. But it will be sadly impoverished, not so much in its treasure as in its men. And the ultimate fate of the Empire will depend upon its men—upon those who are reared up to take the place of those who have fallen and who will yet fall in the cause of right and freedom. Every

man owes an especial duty to the Empire in this crisis. To those who can go to the front, the call is clear and imperative. They should and they must go. For those who are compelled to remain at home, there is still a magnificent opportunity for service. They must see to it that the ultimate fate of the Empire is in no way menaced. They must see to it that the British people in every part of the globe are strong and efficient, capable in every way of successfully meeting the competition of those of other nationalities. Otherwise the doom of the British Empire is sealed, and the magnificent sacrifices of this epoch making period will have been in vain. Nova Scotia forms but a small part of our vast Empire, but our responsibility is fully commensurate with our importance as a factor in its affairs. The impress we make is conditioned entirely upon our own efforts, and we cannot afford to be backward in assuming, each and every one of us, the duty imposed upon us by our citizenship. As guardians of the health of our people, we have a peculiar opportunity to serve not merely our several communities, but the whole Empire. Let us exert ourselves to the utmost to save lives needed by our King and our Country, and to make those lives well worth living. Let our contribution to the cause of Empire, as M.H.O.'s, be a healthy Nova Scotia—peopled by a sturdy, efficient, resourceful, patriotic populace.



IMMIGRATION OF THE MENTALLY UNFIT

By Dr. J. D. PAGE,

Chief Medical Officer of the Port of Quebec

Read at the Fourth Annual Congress of the Canadian Public Health Association, Toronto, September 3 and 4, 1915.

IT may seem to you like an irony of fate that a medical officer of the immigration Service at the head of a staff of one dozen other medical officers well counted, stationed at the great eastern gateway of the Dominion of Canada, should come and talk to you on this occasion about the feeble-minded and insane immigrants, when our immigration statistics hardly reveal their existence or where they appear to be so few that they might be considered as a negligible quantity.

Still, since we have a well-defined immigration law prohibiting all classes of mentally unfit, it must be for good reasons, and I have felt in accepting your kind invitation that what you expected from me was not a demonstration of the menace a few feeble-minded immigrants might be to the nation, eugenically or otherwise, but a frank confession that if the character of the examination of the immigrants was what it should be or what it is already in the United States, they would not have found last year at the clinic for the feeble-minded, of the Toronto General Hospital, 222 feeble-minded persons born outside of Canada against 203 native born, which is more than the total number rejected among the 3,000,000 immigrants who have reached our shores since the enforcement of the Immigration Act, nearly eleven years ago, 215 only having been rejected at examination on arrival up to the year 1913-14, inclusive. Moreover, you want to know, as it is your right, why such conditions exist, and if it is not possible that the laws of immigration could be carried out more effectively concerning such an important class of the most undesirable of all undesirables, because to-day, it is established beyond a doubt that in 65 per cent. of them at least, the

defect is inherited, and consequently transmissible.

The Province of Ontario being, so far, the only one in the Dominion which has been really engaged for some time in doing advanced work towards solving the problem of the feeble-minded, it is quite impossible to ascertain even approximately the number of mentally defectives who may have gained admission into the country without detection on arrival, and who may remain undetected some time but will eventually be found either in the schools, almshouses, juvenile courts, or public charge elsewhere, when their families or guardians are no longer able to care for them.

In order to form an idea of the situation this country may have to face sooner or later, if the Government does not improve the system of inspection of immigrants, we may make a brief review of what has taken place in the United States regarding the question of the feeble-minded as well as the insane in relation to medical inspection.

In the United States, where immigration has been pouring in by the hundreds of thousands for a good many years, they have suddenly become alarmed and have awakened to the most serious economic and social problems resulting from the presence among them of feeble-minded and insane immigrants, surpassing in proportion the native born mentally defectives of all classes.

Thus, according to Pollack, the proportion of foreign born feeble-minded in American institutions to the population in 1903, was four times as great for foreign born as for the native born. Goodwin Brown, of the Lunacy Commission of the State of New York, is authority for saying

that the proportion of the foreign born insane was in excess of 18 per cent. to the native population. This 18 per cent. representing about 1,000 persons, costing annually to the State \$300,000.

A special committee appointed by the Lunacy Commission, in October, 1907, reported to the Society for the Prevention of Cruelty to Children that there are now close to 7,000 distinctly feeble-minded children in the New York schools, or about one per cent. of the school population. This does not include an equal number of idiots and imbeciles not attending school, nor does it include morally defective children or borderline cases. The committee places the total number of feeble-minded children at approximately 10,000, and concludes that the presence of many of them is due to the non-enforcement of the national immigration laws at Ellis Island, thirty per cent. of the feeble-minded children in the general population, according to the census statistics, being the progeny of aliens or naturalized citizens. Thus it can safely be said that the presence of 3,000 of these feeble-minded children can be attributed to alien immigration.

While for the time allotted to me I have to necessarily omit some very interesting data regarding the feeble-minded in various States, I shall, however, quote the last estimates of their number in the United States, according to Professor E. N. Johnston (Survey, March, 1912).

In 64 special institutions for feeble-minded,	29,172
In 17 hospitals for insane,	1,561
In 27 reformatories,	2,090
In communities (uncared for), estimates by Dr. Walter E. Farnald	166,000
	<hr/> 198,823

Relation to population 2-1,000. Others estimate the feeble-minded at 300,000, 3-1,000, and even more. Now if there are 2 or 3 per 1,000 in the United States, writes a surgeon of the U.S.P.H.S., it is thought to be a conservative estimate to place the feeble-minded among immigrants at 4-1,000. The editor of the Survey assumes responsibility for figures of that nature published by them, and the subject was very thoroughly discussed before the article went to press.

It is worthy of remark that all those who have made a special study of the mentally defectives in relation to immigration agree that some radical reforms were necessary at Ellis Island, particularly where four-fifths of the immigrants coming to the States arrive.

Some four or five years after the enactment of the U. S. Immigration Act, the Government instituted an Immigration Commission to make recommendations to Congress on the social and health problems arising from immigration.

When this American Immigration Commission was created in 1907, President Roosevelt said that next to the conservation of natural resources, he considered the question of immigration the most important problem before the country. This commission was three years at work, and employed not less than three hundred people abroad, as well as at home, at a cost of one million of dollars. While they gave considerable attention to the diseased and generally abnormal aliens and to the best means of preventing their admission into the country, no one could then imagine the prominence that the problem of the insane and the feeble-minded during the few years immediately following the conclusion of the work, would obtain.

In fact, without the investigations inspired by private initiatives at first, and which has developed so marvelously through school boards, state boards, special commissions and various other agencies, the United States and Canada alike might be still in a fool's paradise, unaware of the harm resulting for the nation from the addition to the native born abnormal children, the mentally unfit immigrant, which is quite in excess of the native born as we have seen.

As the American people began to realize the inadequacy of the system of medical inspection of immigrants, many States which had to bear the heavy burden of the support of the insane and mentally defective aliens, protested to Washington, representing with such proofs on hand as are now available to tell all patriotic citizens that the country was not sufficiently guarded by the officers of the P.H.S. in charge of the medical inspection of the immigrants. The medical officers were not

the last to realize that they were not afforded the necessary facilities to do better. They were handicapped on account of their too small number and for a time there was no one among them specially trained in psychiatry and no adequate quarters had been provided for the detention of suspected cases for mental observation, consequently many mentally unfit were admitted into the country.

As remarks Doctor Salmon, the author of the excellent chapter of the work of White & Jelliffe on "The Modern Treatment of Nervous and Mental Diseases," under the heading "Immigration and the Mixture of Races in Relation to the Mental Health of the Nation": "The law is sufficient, but immigrants can not be selected by legislation. It would be just as futile to attempt to control burglary by legislating against it and not providing a police force with definite powers, or to attempt to suppress smallpox by sanitary laws at the same time neglecting vaccination, as it is to attempt to exclude insane and mentally defective immigrants without providing facilities for their detention and examination of these suspected."

In order not to be accused of undue criticism and perhaps further on of odious comparisons without necessity, I shall quote further from the same author: "The responsibility rests with the Federal Government, however, as every attempt of the States to regulate immigration has been declared unconstitutional. It is not generally known that the immigrants themselves pay for the enforcement of the immigration law, including the medical examination. The head tax of four dollars apiece which was collected from the 913,880 immigrants admitted in 1911 was \$3,655,513, and the whole amount appropriated for the enforcement of the Immigration Act was \$2,575,000, leaving a balance of \$1,080,721, which was turned into the national treasury. Of the amount appropriated \$151,659.27, or 16 cents for each immigrant examined, was for the medical examination, at home and abroad."

"It was never intended that the head tax should be a source of revenue, and it seems little short of criminal that with this large balance the Commissioner of Immigration at Ellis Island should be obliged to say in his annual report for 1911: 'The

law for the exclusion of young feeble-minded children is virtually a dead letter, and the Ellis Island authorities have not the means at their command to vitalize it.'"

After the great work of the Immigration Commission, which, I understand, issued reports from time to time, during its term of office, it would seem that the procrastination of the Washington Government to remedy the situation offers a peculiar example of political inexpediency. In the meantime such men among others as Dr. Goddard and Dr. E. N. Fernald, of the Vineland and Waverly School for the Feeble-minded, respectively, paid visits to the Ellis Island Immigrant Station and joined in an effective press campaign which is still active, not only in the daily papers, but in the most authorized medical magazines of the country to which officers of the Public Health Service actually engaged in the mental examination of immigrants do not furnish the less important contributions.

As I became much interested by the descriptions of the new methods and various tests which were being introduced at Ellis Island for the examination of the feeble-minded, I asked and easily obtained permission from my department to go and spend a few days at this station for the special object of observing the work of those inspectors whose specialty is to look for the mentally suspects and diagnose their cases. I was simply amazed to see the change which had taken place in the methods of inspection since my last visit, three years previous. I was particularly interested in witnessing the examination of the illiterates who were being tested by means of form boards and methods in vogue in institutions, some modified and others original, having been devised by some of the officers of the Public Health Service themselves.

Very few outside of the Service realize the difficulties of the task devolved upon the medical examiners of immigrants and in order to appreciate them, one has to be present. No one can be a successful examiner unless he is the happy possessor of an alert mind and a keen sense of observation and sound judgment, which you will readily understand if you think a moment that before beginning to interpret anything in the expression or attitude of the

multitude of races that are passing before him at the rate of generally not less than two hundred per hour, he has to make due allowance for racial characteristics and the emotional state created in so many of those primitive foreigners by the new environments, etc. At times it becomes a very difficult matter to distinguish among the latter, between ignorance and moronism.

Thus one of the foremost mental men in the Service, Dr. Sprague, in an article on "The Mental Examination of Aliens at Ellis Island," Survey, June 21st, 1913, estimates that four out of every thousand immigrants can be legally classified as feeble-minded, imbecilic or idiotic, the same proportion holding good as to the number that are insane or will become so, he states further that "when only about 5 per cent. of the mentally defectives are being detected, and 25 per cent. of the estimated possibility among the insane is being attained, it would appear from what has been accomplished with the present limited force of officers that a more liberal expenditure of time and money would be warranted." However, at the time of my visit the same surgeon and one of his worthy colleagues, Dr. Knox, from whom some of you have also seen at different times, valuable articles in the New York Medical Journal and elsewhere, told me that they were actually certifying about one hundred per month as insane or mentally defective, or nearly 75 per cent. more than during previous years.

We have a fair evidence that if the work has not been done in a more thorough manner yet it is not due to the inability of the inspectors, as since the immigration has declined from an average of 3,000 per day to 3,000 per week, owing to war conditions, the surgeons at Ellis Island have been able to give more intensive scrutiny in the examination of immigrants, and the percentage of defects noted has increased from 2 or 3 per cent. to about 7. what leads the Journal of the American Medical Association to say: "The difference in the results obtained suggests the advisability of urging the Department of Labor to provide increased facilities which will be absolutely necessary if the physicians continue their present thorough methods of examination when immigration resumes its normal course."

As a last reference to the activities for

the better inspection of immigrants among our neighbors south of us, it may not be out of place to describe here, summarily, how the U. S. Public Health Service is made up. Quoting from the report of my second visit to Ellis Island, March 19th, 1909, to the Superintendent of Immigration:

"I feel that I cannot close without a reference to the organization of the Public Health and Marine Hospital Service of the United States. It may be suggestive that although our conditions are different than those of our neighbors, I may not be the only one to think that sooner than later the authorities will feel more the desirability of putting the Medical Service of the Immigration, at least, on a basis that would be more apt to stimulate the zeal as well as other legitimate interests of those engaged in it, while at the same time it would render the service itself more effective."

"Any graduate from a reputable medical college can be a candidate for admission in the P.H. and M.H.S. of the U.S., whose age is not below 22, nor above 30 years. He must first furnish some reliable testimonials of his professional and moral character. Then he has to pass some special examination before a board at Washington."

"The successful candidates are numbered according to their attainments on examinations, and will be commissioned in the same order as vacancies occur."

"Upon appointment the young officers are, as a rule, first assigned to duty at some of the large hospitals, as at Boston, New York, New Orleans, Chicago, or San Francisco, or detailed to some immigration station as inspectors."

"After five years' service, assistant surgeons are entitled to examination for promotion to the grade of passed assistant surgeon."

"Promotion to the grade of surgeon is made according to seniority, and after due examination as vacancies occur in that grade."

"Assistant surgeons receive \$1,600; passed assistant surgeons \$2,000, and surgeons \$2,500 a year."

"When quarters are not provided, commutation at the rate of thirty, forty, and fifty dollars per month, according to grade, is allowed. All grades above that of as-

sistant surgeon receive longevity pay at the rate of 10 per cent. in addition to the regular salary for every five years' service up to 40 per cent. after twenty years' service. The tenure of office is permanent."

Since 1913, the new Surgeon-General, Dr. Rupert Blue, has introduced several changes and improvements in the service. I shall only mention among others that ten positions of senior surgeons have been created, and that all the surgeons of the various grades are now receiving compensation more commensurate with their responsible duties, the assistant surgeons receiving as initial salary the sum of \$2,000 per year. Under such conditions, and with the permanency of the tenure of office the service is assured of a most desirable stability and progressive development possible. The surgeon who wants to join it is not asked to what political party he belongs, but has only to comply with the regulations, and pass the competitive examinations which make him eligible to promotion every five years, and liable to attain the highest rank.

To return now to the question of the mentally defectives in Canada, I was saying a few minutes ago that the number found at the clinic of the Toronto General Hospital in one year exceeded that rejected at the examination of the immigrants during the first decade of the operation of the Immigration Act. Let us see by a comparative table what the rejections and deportations have been from 1911 to 1914, for the three grades of feeble-mindedness and insanity, in regard to the number of arrivals and per 100,000.

Year.	Total Imm.	Reject Insane.	Per 100,000.	Deport Insane.
1911-12 ..	220,527	15	6.8	133
1912-13 ..	263,423	24	9.1	221
1913-14 ..	277,348	18	6.4	210

For the year 1914-15 I find in table VIII. of the annual report of Dr. P. H. Bryce, the chief medical officer of the Department, that the total number of insane deported for the year 1914-15 was 144, where the doctor remarks that "compared with previous years the number of insane deportations has still increased, it being exactly 1 per 1,000, as compared with 0.54 in 1912-13, and 0.51 in 1913-14.

If we now consider that for England and

Wales alone in 1906, according to Threadgold, the proportion of the three classes of aments for 100,000 inhabitants was 380, and that of the insane 360, after making a liberal allowance for the proportion of those who may be in institutions, we can fairly conclude that we have added to our population of defectives a very large number of people which the country can not afford to take care of in the succession of time. It is true that many insane have been deported, thanks to the activities of the municipalities, where they are found much more readily than the feeble-minded, thanks also to an admirably well organized deportation service which, after all, only palliates to the opposite condition of the medical service. In practice the sieve seems to be placed at the wrong end, if it is not apparent in the law, and it can only delay the bankruptcy of any kind of immigration policy, unless the Government applies very soon a remedy where we now know it is needed.

For all this we must not lose the hope of progressing in the right direction some time. Those of you who may have read the report of Dr. Helen MacMurehy on the feeble-minded in Ontario for the year 1914, have seen a reference at page 11, where it is said that with the agreement of the Honorable Dr. Roche, the Minister of the Interior, Miss Mateer, of the Vineland School, a psychologist of considerable experience, was engaged to co-operate as an experiment during the months of July and August of last year, with the medical inspectors at Quebec in examining immigrants for mental defectiveness. Besides,

Per 100,000.	Reject F.I. & Id.	Per 100,000	Deport F.I. & Id.	Per 100,000
60	2	0.9	9	4
83	4	1.5	10	3
75	21	7.5	15	5

Dr. MacMurehy mentions the fact that the Honorable Minister of the Interior has also "ordered a report to be made on the plan now adopted by the Australian Commonwealth of requiring a medical examination of intending immigrants at their own homes in Great Britain and elsewhere before they break up their homes and perhaps invest all their savings in railway and steamship tickets, or even borrow money for the same purpose. Almost

as soon as the report was laid before the Minister the great war was declared, and immigration is now almost at a standstill, thus affording us an opportunity to devote special attention to methods and results of immigration."

From the above information and the results quoted below of the work done with Miss Mateer, you may have with me a breath of encouragement on hearing about the absolute possibility of detecting in the "Line inspection" great many more defects than has been the case in the past.

During the period above mentioned 14,700 people were examined by Miss Mateer, with the port inspectors, and out of this number 79 people held for further examination at the hospital were seen several times by the house surgeons, Miss Mateer and myself, with the result that 25 were certified as mentally defective. Thus the proportion certified being nearly 2 per 1,000, exceeding by far the largest number in any one year, of feeble-minded rejections since 1903, which was 21 in 1914 out of total arrivals of 227,348, or 5 per 100,000.

From the foregoing evidences, we are forced to conclude that the very sad situation the country is to-day confronted with is largely due to the general insufficiency of the medical inspection which unfortunately, is not confined to the mentally unfit, as it was the case with the United States through the absence of trained psychiatrists, for a time, and for which the individual officers were not to blame, as the U.S.P.H.S. is recognized as about the best organized body of the kind in the world, and which can supply scientific experts in all branches of its domain as occasion requires.

In the United States, as we have seen, according to fixed rules, all qualified surgeons may look for a life career in the P.H.S., and by no other means than competitive examinations, which, when passed successfully, make the happy candidate eligible for promotion every five years, while in this country where, it seems, political favoritism, regardless of party politics, is not excluded from such an important public service as that of the medical inspection of immigrants, the good faith of the most honest of the Ministers may be deceived after he has

been persuaded to appoint medical officers, if he is not thoroughly familiar with the conditions.

The Immigration Medical Service being only a side line for the port inspectors who live chiefly from their private practice, it is nothing but natural that they take very little or no interest in it outside the inspection rooms. They go to the ships according to a system of rotation which can not always be adhered to on account of their being engaged somewhere else when wanted, so that occasionally four or five of them have to be called before you can get the number required. You will agree with me that under such conditions no earnest training for this very special and difficult work of necessarily rapid inspection can be obtained.

As W. C. Rucker, Assistant Surgeon-General of the U.S.P.H.S., said when speaking before the Federation of State Medical Boards of the United States, February 25th, 1914: "The watchword of the age is efficiency, the doing away with haphazard methods and the substitution thereof of methods of precision. * * * Public health officials must be full-time paid officers.

The qualifications necessary to be an efficient immigration medical inspector require besides intelligence and knowledge, time, patience and a great deal of practice, what you will not get except in a very limited measure from the man engaged in general practice and who has to struggle for his life with the prospect of losing his position when the Government from which he holds his appointment, happens to be turned out of office.

I know the objection is made on the east side, where the Atlantic ports are active only part of the year, it would be too expensive to pay the officials the year round. To this I may remark that if special qualifications from those employed were required like in the United States, ample occasions could be afforded to them in the federal field during the idle season of immigration to employ their time profitably.

Moreover, it has been calculated by our practical brethren on the other side of the line that the expense saved to the State by the rejections at the time of examination was greater than the compensations paid to the physicians of the immigration

service. So, if it could be assumed that the examination of immigrants was as thorough in Canada as it is now in the United States, we could reasonably conclude that it would be also an economy for us to employ only competent and permanent medical inspectors.

At all events, if on the one hand, no head tax is imposed by the Canadian Government upon the European immigrants, on the other, every Chinese immigrant entering the country has to pay \$500. The collections from this source alone, during the years 1911-12, 1912-13, 1913-14, amounted to \$9,217,500 against, during the same period a total expenditure for immigration of \$3,834,899.95, thus leaving in the treasury a net benefit derived from immigration of \$5,382,600.05.

Surely no one should find fault if part of this clear revenue was used for the purpose of reforming the Canadian Immigration Medical Service and bringing it out from the rudimentary form given to it in its incipency and establishing it on a working and constructive basis, if it has to be extended abroad.

With Thomas Salmon, that recognized authority in immigration matters, I believe that the immigrants should also be examined nearer their home than the port of destination. But the discussion of this complex scheme does not enter into the scope of this paper, which was not prepared to please everybody, no more than to unduly hurt anybody's feelings, but with the sole intention of promoting the real interest of the service and that of the country at large. To those who may think I have been exaggerating the danger the feeble-minded are to us, or question my motives, I invite them to read the history of the "Kalikak Family," by Dr. Goddard of Vineland, before throwing me the first stone.

We all remember that the inaugural meeting of this Association in Montreal, December, 1911, was honored by the presence of the highest political personalities of the country, which spoke most encouraging words for the pursuit of our aims. One of the Federal Ministers and not the least,

seemed to deprecate most feelingly the fact that in a country such as Canada, provided with unlimited supplies of pure water and with such vast areas of unoccupied land, we should hear of problems such as overcrowding and of people drinking polluted water; but sad as it may be that those unfortunate condition exist we are actually facing a worse danger, that is, to get directly into the blood of the nation, the blood and the inherited defect and diseases of the feeble-minded and the insane.

Another Minister, the Honorable Mr. Burrell, concluded his remarks in saying: "Just as soon as sufficient common sense administrative methods can be arranged which will cut out the overlapping between municipal, provincial and federal authorities in health matters, you may look for closer and more cordial co-operation between the various governing bodies and that time, I am confident, will come soon."

Does it not seem to you that we are about reaching the time anticipated by the Honorable Minister, as far as immigration is concerned, at least. You have now in this Province a Commission which, I understand, will make part of its work to look into the immigration problems generally, and surely the medical side should receive its good share of consideration.

Not long ago, representatives of the various Provinces had a conference with the Federal Government, where immigration problems were also discussed, and as an outcome, I believe a Federal Royal Commission was instituted, having as one of its important objects the consideration of various immigration issues.

It strikes me as if this Association never had or ever will have a better opportunity to put its influence and energies to contribution in order to induce the Federal authorities to take the necessary steps to begin and redress at the earliest possible date the errors of or oversights of the past in our national policy of immigration, and I trust you will not let it pass.

THE MEDICAL PROFESSION OF ONTARIO VERSUS THE IRREGULAR PRACTITIONER

The following is a statement made before the Medical Commission, under Mr. Justice Hodgins, by Dr. H. B. Anderson, President of the Ontario Medical Association, of the attitude of the medical profession in Ontario towards the various cults of irregular practitioners who are seeking recognition at the hands of the Government:—

Your Lordship:

The Ontario Medical Association was organized in 1880. Its ordinary membership consists of regularly qualified medical practitioners in good standing, resident in the Province, or those engaged in teaching or research work in Medicine or the allied sciences in the Province of Ontario. It is the Ontario Branch of the Canadian Medical Association. The present membership is about 1,000, and includes the leading practitioners of the province.

At the outset, may I direct attention to the fact that the legislation passed from time to time to regulate medical practice in Upper Canada, afterwards the Province of Ontario, culminating in the laws under which we are now governed, was for the purpose of affording protection to the individual and the community from unskilled, ignorant, medical practitioners and quacks, by which the country was overrun at an early period in the history of the Province. So much was this the case that there was a public outcry and demand for protective legislation. To substantiate these statements, may I submit the following:

"The Medical Profession in Upper Canada. Caniff. p. 26—Extract from an article contributed by the late Bishop Strachan—1812—

"The Province is overrun with self-made physicians who have no pretensions to knowledge of any kind, and yet there is no profession that requires more extensive information. They comprehend not the causes or nature of disease, are totally ignorant of anatomy, chemistry and botany; many know nothing of classi-

cal learning or general science. Where shall you find one among them, attending particularly to the age, constitution and circumstances of the patient, and varying his prescriptions accordingly. It is indeed preposterous to expect judgment and skill, a nice discrimination of diseases or a proper method of cure from men who have never been regularly taught, who cannot pronounce, much less explain, the terms of the art they profess, and who are unable to read the books written upon the subject. The welfare of the people calls aloud for some legislative provision that shall remedy this increasing evil; and examination, however slight, would terrify nine-tenths of the present race."

The following references indicate a type of practitioner common at that time:

"P. 36—'Richmond, October 17, 1817—ADVERTISEMENT—This is to certify that I, Solomon Albert, is Good to cure any sore, or any Complaint or any Pains, Rheumaticks Pains, or any Complaint what so ever subscriber doctors with yerbs or Roots. Any person wishing to employ him will find him at Dick Bells.

(SGD) Solomon Albert."

"Page 28—'That illiterate and incompetent persons found their way into Upper Canada during the first fifteen years of this century may be gathered from letters which appeared in the Kingston Gazette. In the Gazette of June 2nd, 1812, is a letter from Gananoque, signed "Candidus," giving a copy of an account sent to Mrs. John Gould by a "Self-taught physician of this Province"—'The estate of Mrs. J. Gould Dr. To dr. for medsin and attendants whene he was chokd with a learge peas of butter no meat, 3.

"A second letter, signed 'Credulus,' refers to 'certain medical gentlemen who have out of pure charity come into this country from the neighboring States to cure us of all our maladies.' They do not use opium, or calomel, but charms. He gives an account of the treatment of a tumor by stroking and using certain words to drive away 'the devil's swelling.' A third letter is about a shoemaker who went

where unknown to practise and who being called to see a case of dropsy pronounced it pleurisy, and declared that 'fleglottomy' was demanded to reduce the body to natural size; but on being exposed took a hasty departure.

"A fourth letter refers to a bill sent in by a doctor, with a deduction of 6 for 'killing your son.' This was because the doctor had carried the smallpox to the son, who died of it.

"The following is an indication that at Kingston, in 1815, the more intelligent public saw the necessity of protection against incompetent men. Kingston Gazette contains the following:

"To the public. Facilis descensus Avernì.

"The Parliament of the province, during the last session, provided in part, against the imposition of empirics in medicine. This was not more necessary for the safety of the diseased than the reputation of the faculty.' Then follows an earnest appeal to the public and Parliament against quacks, their danger 'without one ray of science' who 'presume to thrust the created into the presence of the Creator.' Signed 'W.' (Not one of the profession he says)."

It was no question of conferring unusual privileges on a body of medical men for their own benefit, or to create a monopoly, but to give them power to ensure to the people of the Province the services of well educated, properly trained practitioners to attend them in sickness. We believe it, therefore, of much importance that there be a clear understanding of the chaotic and unsatisfactory condition of medical practice which gave rise to the public clamor for protection, and which resulted eventually in the establishment of the College of Physicians and Surgeons of Ontario.

The Ontario Medical Association believes that the College of Physicians and Surgeons, our Universities and other organizations having control of the education and licensing of medical practitioners, have honorably and fairly discharged their duties in the public interest. The doors of the profession have always been and are now open for the admission of any who comply with the common regulations regarding education, training and examinations. In no sense of the word may the profession of medicine in Ontario be considered a close corporation.

The Ontario Medical Association holds that every person before being legally entitled to treat the sick should comply with the same educational conditions; whatever the system of treatment may be, it can be most intelligently carried out by one who is properly educated. This ap-

plies alike to preliminary as well as to scientific or professional education.

To understand disease and treat it intelligently necessitates a knowledge of the structure and functions of the body in health, as well as of the various conditions acting upon the body to produce change or derangement of these structures or functions—that is, disease. To be able to understand and treat disease intelligently, therefore, requires a proper training in anatomy, and physiology, by which we learn normal structure and function; in pathology, including pathological anatomy and pathological chemistry, by which we learn of the changes in structure and function encountered in disease; in chemistry, physics and bacteriology, in order to understand the conditions acting upon the individual to produce disease, and to acquire information necessary to apply preventive measures, requisite alike to ward off disease in the individual and to protect the public, as in the case of infectious disease.

A study of the signs, symptoms and course of different diseases is necessary in order to be able to recognize them and to diagnose or differentiate one disease from another. Hence, proper clinical training is a prerequisite of any intelligent plan of treatment, as it is obviously impossible to apply treatment properly or with safety until one knows what the disease or condition is that he seeks to remedy. These principles of necessity apply with equal force to whatever the mode or system of treatment, which may be deemed most useful or advisable for the relief of the disease, when once it has been recognized.

It follows, therefore, that the same scientific and clinical training is a prerequisite for all forms of treatment. The arbitrary belief in any special dogma, system or plan of treatment can in no way relieve one of the necessity for this training in the fundamentals of intelligent practice. The irregular systems of practice do not claim a special form of anatomy, physiology, chemistry, physics or bacteriology. Once the would-be practitioner is properly trained and legally qualified, no restriction is, or should be, placed on his freedom to obtain further knowledge in

any form of treatment or of the right to practice it. This is recognized under the medical laws now in force in the Province. Only by the acceptance of these underlying principles are equal rights and privileges granted to all, the safety of the public protected and medical science promoted.

In the countries of Europe these principles are recognized as underlying every legalized form of practice. For the state to recognize the right of any to practice medicine without the knowledge to be acquired only by training in the before-mentioned subjects, is to expose not only the individual but the public to grave dangers.

The inability to diagnose may allow a patient with a diseased spinal column to be manipulated, producing dislocation, crushing of the spinal cord, paralysis and death; a tuberculous joint may be manipulated and the disease disseminated; an aneurism may be ruptured; apoplexy produced in a patient with high blood pressure or death result from manipulation of a goitre.

Massage, manipulation, meehanotherapy, hydrotherapy and other drugless forms of treatment, are recognized and practiced as a part of general medicine and require for their safe application the same ability to diagnose and select the proper cases as with medicinal treatment.

The public health would be endangered from any inability, owing to defective training, to recognize diphtheria, typhoid, syphilis or other infectious disease, which depend for their diagnosis on clinical training and the knowledge to apply modern laboratory methods.

In medico-legal cases and death certification the inability to recognize the disease being treated or the cause of death would open the door to possibilities too serious to require emphasis.

Life and Accident Insurance Companies have interests which depend upon the ability to diagnose accurately and manage properly diseases and injuries.

Modern medicine is opposed to the recognition of any special dogma or exclusive theory of practice, because acceptance of such excludes the necessity for testing out these theories, and the care-

ful investigation and weighing of facts upon which scientific knowledge and practice depend for their advancement. At the same time, it recognizes and encourages the investigation of every form of treatment in so far as it is without danger to the individual or the community.

Provision has been made in the Provincial University and in other Universities of the Province at great expense to the public, to furnish proper education and the scientific training which are prerequisite to treatment. The privileges of these institutions are open to all who prepare themselves to take advantage of them.

We believe that the Government would stultify itself by expending large sums to equip and maintain institutions to provide proper scientific training if illiterate, inferiorly educated or untrained men are granted the right to practice.

The Ontario Medical Association, whose members have had to comply with the educational requirements of these institutions and to pass the examinations prescribed to qualify them to practice, is opposed to the admission to practice on different terms of the graduates of inferior, proprietary institutions of a foreign country. We believe that all should enter by the same door. The report of the Carnegie Foundation (1910, pp. 163-6) says of the osteopathic schools of the United States: "The eight osteopathic schools fairly reek with commercialism. Their catalogues are a mass of hysterical exaggerations alike of the earning and curative power of osteopathy." "It is impossible to say upon which score the 'science' most confidently appeals to the crude boys or disappointed men and women whom it successfully exploits. Standards those concerns have none, etc." These are the statements made after an exhaustive investigation by commissioners who were not medical men.

The members of our Association in order to qualify themselves for specialized practice, have had to spend often many years in post graduate study abroad in order to extend their knowledge. If those wishing to undertake other special forms of practice have to go elsewhere for training or to extend their knowl-

edge, after graduation in the regular way, they have a similar right and opportunity to do so; and for this no special legislation is required.

May we also point out the claims which the body of regular practitioners have for asking consideration of their views, by reason of the gratuitous medical services which they have always rendered the indigent, and their efforts to further preventive medicine and promote the public health. At the present time hundreds of the doctors of this Province are serving their country overseas, and many hundreds of those at home are caring for the needy dependents of our soldiers. We submit at such a time and in the absence of many from the country it would be an act of injustice and ingratitude on the part of the Province to give legal status to any body of inferiorly trained persons to practice and thus to jeopardize their interests unnecessarily.

In the questions now at issue, the Ontario Medical Association wishes to place itself on record as taking the broadest possible ground in the interests of the community, for the advancement of the science and practice of medicine—preventive as well as curative—as well as in the safety of the sick and ailing. We seek only equal rights for all in upholding those principles which are essential alike for the safety of the sick and ailing, and for the promotion of medical knowledge and practice in all its branches, which in this Province were established primarily for the protection of the people from the dangers of incompetent medical practice and quackery.

H. B. ANDERSON,

President Ontario Medical Assn.
184 Bloor St. E.,
Toronto, Oct. 27, 1915.





Does the Medical Officer of Health in the various municipalities take himself and his position seriously?

The Medical Officer of Health. We are quite certain that in a great number of instances the municipality

does not take the M. O. H. seriously, otherwise we should not find such ridiculous sums paid for his services. There are two sides to the story, and we are convinced that the M. O. H.'s if alive to the dignity, seriousness, and usefulness of their calling would, in a very short time, compel the admiration and support of the whole community. Two examples of the effectiveness of the Principles of Preventive Medicine may be cited. In the City of Toronto we have a very efficient M. O. H. surrounded by a sympathetic Board of Health, and backed up by an almost ideal Provincial Health Act. The results that have been achieved in Toronto during the last four or five years are really startling. The administration of this department of Toronto's affairs has been the subject of an article appearing in the July, August, September and October issues of this Journal. This article has been the cause of much comment both on this continent and abroad. The great decrease in the typhoid rate which is after all perhaps the best index to a city's healthfulness has been an object lesson to all Canadian municipalities. The general death rate has shown a steady decrease year by year, and the city is a better place to live in as a result. The other example may be found at the Concentration Camp at Niagara-on-the-Lake, from which 13,000 troops are now on trek to Toronto. During the summer the number of cases in hospital has been kept at

a minimum never before accomplished, and very few contagious or infectious diseases have been found. Certainly, no epidemic has been allowed to overrun the camp. Only seven cases of typhoid have developed in camp and every single case was contracted outside of camp, developing within ten days after arriving at Niagara. A splendid record, surely, and one due solely to the persistent watchfulness and care of the Medical Officers who are realizing as never before the value of Preventive measures. The lives of the 75th Overseas Battalion, C. E. F., are practically perfection, and Major Wilson, the Medical Officer, affirms that he was able to reduce the sickness about 60 per cent. by his preventive measures. An officer of the Army Service Corps, on leave from the trenches, volunteered the statement that the Army Medical Corps at the front is doing such efficient work that it is a subject of praise and comment everywhere. "Why," said he, "nobody is sick. Everybody seems to get fat. It's only the dreadful artillery and rifle fire which gives the Medical Officers their work." He forgot to say, that which he did not realize himself, that a great deal of thought and attention had been paid to the principles of Preventive Medicine to enable the men to be healthy and happy in this most terrible of wars. Now we believe that the M. O. H. of every municipality in Canada can do such good work that he will be appreciated financially and otherwise. There's no use grouching. The M. O. H.'s must realize that theirs is a very important business, and they must carry out their duties without fear or favor. The M. O. H. can find plenty to do if he is alive to the responsibility that is placed upon him.

In another column in this issue appears the statement made by the President of the Ontario Medical Association to the Commission on Medical Education under Mr. Justice

**Medical
Education.**

Hodgins, now in session at the Parliament Buildings, Toronto. This article contains much food for thought and more for action for every practitioner in Ontario. There is little use in hoping that the interests of the public will be looked after by someone else. Each physician should be up and doing something, and if any stimulus is necessary, remember what recently transpired over the Workmen's Compensation Act. The medical profession can exercise, if they wish, a tremen-

dous pressure to prevent the legal exploitation of the public by these arrant humbugs. Physicians should remember that they occupy an enviable position in the esteem of the public. All the latter require is that the facts be placed fully and forcibly before them and this can be done to the best advantage through your local member of Parliament. You may rest assured that those seeking legislation are leaving no stone unturned to achieve their purpose. What we require and at once is action, and still more action. The immediate organization of the profession from one end of the Province to the other is urgently desired in order that the people may be made to realize the "kultur" which may be thrust upon them.





The Great Consulting Room of a
Wise Man is a Library—Dawson

Simplified Infant Feeding.

The title of this book is very well chosen. If there is one subject which need to be simplified and divested of a maze of theory it is that which relates to Infant Feeding. It has always appealed to us as one needing a great deal of common sense. But in trying to wade through the deep waters of some of the treatises relating to this important subject one becomes hopelessly lost. This volume by Dr. Dennett is an attempt to present the simplest and best methods of dealing with infants as far as feeding is concerned. We believe he has achieved his object. He first shows in a very practical way how to work by the rule in the majority of cases following Dr. Jacobi's work. "It is possible to be guided by the rule. Not every case needs to be fed from the individual standpoint from the beginning. The general rule might be applied at first and only when the individual does not develop properly under the rule may the physician show his shrewdness in meeting the special requirements of the individual." Best of all, the author cites seventy-five cases showing just how he has accomplished his results. These form the best illustrations in the book, although there are reproductions of photographs showing methods of feeding, irrigation of the stomach and bowels, etc. Altogether the volume seems well worth while.

SIMPLIFIED INFANT FEEDING—

With 75 illustrative cases—By Roger H. Dennett, B.S., M.D., Adjunct Professor of Diseases of Children, New York Post-Graduate Medical School—With 14 illustrations—J. B. Lippincott Company, 201 Union Building, Montreal.

The Illumination of Joseph Keeler, Esq.

Dr. Bryce sends this book to the public with the word that it is written with a definite purpose. This is apparent as one reads the pages, and we are convinced that many a city man into whose hands it may fall will stand convicted before the bar of his best judgment for having taken up the artificial instead of the natural mode of life. Many of us who were born on the farm look back to our early years as halcyon days indeed when we played as barefoot boys, learned our lessons in the wee country school-house and became really well acquainted with natural objects. Whatever else may result from this dreadful war we hope that Canada may enact such a shrewd land policy that millions may be made happy on its broad acres. For years Dr. Bryce has made a deep study of the land problem as it affects our happiness, our imports and exports as well as the absorption of our immigrants. The story of the Keeler family as presented in these pages is well worth the attention of every city man and woman. The dangers that surround the family life in the city are greater than the dangers from wild animals and the red man which stared our ancestors in the face as they first settled Canada. How Joseph Keeler received a new vision of himself and of the artificiality of city life we shall leave the reader to find out for himself. Dr. Bryce is to be congratulated upon his work.

THE ILLUMINATION OF JOSEPH KEELER, ESQ., or ON, TO THE LAND
By Peter H. Bryce, M.A., M.D.—Published by The American Journal of Public Health, 755 Boylston Street, Boston, Mass.

A CANADIAN PHILOSOPHER

At the Editor's request, Mr. John W. Garvin, B.A., of Toronto—philosopher, poet and literary critic—has contributed to the Journal, the following synopsis of his original and profound theories of Life and Being. Mr. Garvin is a graduate of the University of Toronto, and was a student in Mental and Moral Philosophy under the late Professor George Paxton Young.

(a) Matter, reduced infinitely to its ultimate reduction, and thought-energy, are identical in substance and character. It follows from this that all Objective Appearance is but Manifestation of the Eternal, Infinite, Universal Mind, Intelligence, Thought.

(b) Life, or Consciousness, is just as infinitely extended and universal as Matter and Motion. They are three phases, or a Trinity, of one and the same Manifestation. Every living entity is a finite, personal example of this Trinity.

(c) Every finite intelligence is but an eternal, individualized concept, made manifest in the Universal Mind, or Consciousness, of God. Its manifestations are infinite in number, in infinite planes of matter, as it evolves through everlasting time. This power of manifestation is an expression of the Eternal Will. God develops in this way the personality of every one of His concepts.

(d) The Objective Universe, or the Infinite, Universal Manifestation, is governed absolutely by fixed relations and laws, which are the constant and everlasting expression of the Eternal, Infinite, Universal Will.

(e) As the Eternal, Infinite, Universal Will is the source of all natural, or universal, relations and laws, so is the finite will the source of man-made laws and customs. The source of law cannot be controlled by its own expression. It is therefore a free agent, with liberty of choice. It is because of this freedom of choice that man can rise to the stature of a god, or sink to the viciousness of a devil. But he must conform to universal order and force, and in his evolution he is constantly being whipped into line by the Eternal Will. Experience, the most faithful of teachers, never takes a holiday, nor spares the rod. "Whatsoever a man sows, that shall he also reap."

(f) To harmonize with Law, or discordant be,
Is Heaven or Hell, through all Eternity.

The more we know of natural relations and laws, and the more our acts accord with our knowledge, the more we experience and recognize "Good" and "Heaven." The chief business of life is to discover and know them, and to conform to their absolute authority.

Evil is the result of law violated, and Hell is the sum total, so to speak, of those violations. Hence evil is of finite, not Infinite, origin, and its ever-prevalent and constant cause is ignorance.

In the midst of Heaven there is Hell: in the midst of Hell there is Heaven.

(g) The Supreme Intelligence is inseparably co-existent with the Supreme Will, and has perfect knowledge of all universal laws, and perfect knowledge of all relationships required to bring about any desired effect. Finite intelligence is constantly making one law, or laws, annul or counteract another or others, or bringing about new conditions by arranging new relationships. How infinitely easy for the Omniscient, Omnipotent God to do so! Pray therefore with faith! God is everywhere. We live and move and have our being in the Infinite, Universal Mind. Each brain is a battery to send our message-bearing thought-rays to the Universal Thought. Telepathy is the wireless means of communication with the Infinite.

(h) Finite intelligences are graded infinitely. Conscious beings exist, or are being evolved, with intelligences ranging from that of the most infinitesimal germ, up to the Infinite Father Himself.

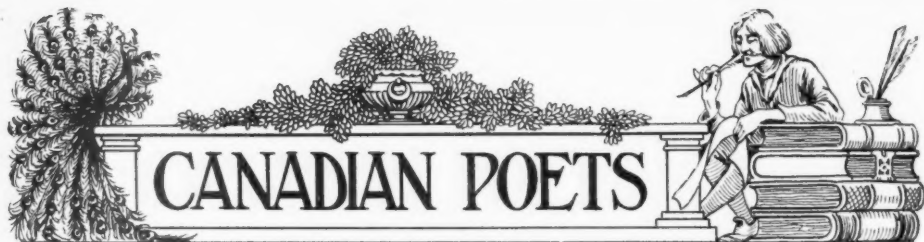
It seems to me possible for one or more of the most exalted of such beings to return or descend, and manifest in this earth. Such an Exalted Intelligence must possess an almost infinite "cosmic consciousness," and when a soul attains to that stage in mental and spiritual development, it must be able to see and understand all that it has passed through in its evolution in time. What nobler missionary work could there be, than for such an Intelligence to return to earth to enlighten poor, ignorant, groping humanity!

Moreover, I believe that the Higher Intelligences in other planets, or planes of matter, are constantly sending out by thought-energy, and conveying to the Lesser Intelligences, messages which are received as inspirations and suggestions.

(i) Space is the illimitable extension of the Infinite, Universal Mind. Time is the Sequence of Manifestation.

(j) God's Manifestation, or Creation, is never for an instant the same. It is in constant flux. It is ever becoming. His Universal Laws are working out results undreamed of by us, and will go on doing so everlastingly.

(k) Love is the supreme law of life, and of spirit-growth; and all unselfish, loving hearts are feeling the vibrations of the Highest Heaven.



XX



CHARLES MAIR

"In a distinct and very special sense, Mr. Mair must be recognized and welcomed as a native dramatic poet, and on this account his poem is an important addition to Canadian literature. 'Tecumseh' will take a foremost and enduring place in Canadian letters. It appeals to the people of Canada by its lofty spirit of patriotism, its nobleness of sentiment, and by its sympathetic insight. . . . Beautiful gems of poetic thought can, by the appreciative reader, be gleaned on many a page, such as, when Lefroy exclaims on hearing the voice of his long-absent betrothed, who had been wandering in the pathless wilds of the forest—

*I could pick that voice
From out a choir of angels, Iena!"*

—Archibald MacMurchy, M.A., LL.D., in his "Hand-book of Canadian Literature."

CHARLES MAIR and Isabella Valancy Crawford, whose best work was written in the early 80's of last century, were the first to raise the standard of Canadian poetry to greatness, and it is doubtful if their work has since been outclassed by any successor.

(It seems to me that Charles Heavysege cannot fairly be ranked as a Canadian

poet. He was thirty-seven years of age when he arrived in Montreal from England, and his themes are biblical and historical, and have none of the atmosphere and color of Canadian life and environment.)

Charles Mair, son of the late James Mair, a native of Scotland, lumber merchant, and Margaret (Holmes) Mair, was

born in Lanark, Ontario, Sept. 21st, 1838. He was educated at the Perth Grammar School, and at Queen's University, Kingston. At the age of thirty he married Elizabeth Louise, daughter of the late Augustus Mackenney, Amherstburg, Ont., a niece of Sir John C. Shultz, K.C.M.G., and in the same year, 1868, published his first volume of verse, "Dreamland and Other Poems" (Dawson Brothers, Montreal; Samson Low, Son & Marston, London, England).

Also in 1868, Mr. Mair was induced by the Hon. William McDougall, Minister of Public Works, to go West to make researches in Red River Settlement, and while at Fort Garry, prior to the first Riel Rebellion, he acted as correspondent of the Montreal Gazette, contributing a brilliant series of articles on "Canada in the Far West."

During the rebellion, 1869-70, Mr. Mair was imprisoned by the rebels, and his life was in serious danger, but his greatest distress was caused by the loss of valuable manuscripts which he had taken with him to the West, to revise and prepare for publication, and which his memory was unable to restore.

This loss and discouragement doubtless had its effect, for his next publication, *Tecumseh, a Drama*, did not appear until 1886 (Hunter, Rose & Company, Toronto; Chapman & Hall, Ltd., London, England). In the meantime he was engaged in the fur trade at Portage la Prairie and at Prince Albert until 1883, when he returned to Ontario and resided at Windsor. It was during the next two years that he had leisure to write his great drama.

In 1885, when the second Riel Rebellion broke out, Mr. Mair promptly enlisted and served as an officer (medical) in the Governor General's Body Guard.

The Last Bison, an original, virile poem of gripping interest, appeared in

1888. In 1901, his collected poems, *Tecumseh, a Drama, and Canadian Poems* was issued by William Briggs; and in 1908 there was published by the same House, *Through the Mackenzie Basin*.

Mrs. Mair died in 1906, leaving a large family.

In my possession is a much-treasured letter, recently received from Mr. Mair, and dated 28th Sept., 1915, from which I quote a few extracts:

Your letter of the 14th instant, directed to Coutts, Alta., has been sent to Fort Steele, B.C., one of my homes. In fact, I have been living off and on for many years in the O'Kanagan and East Kootenay valleys, where portions of my family have been long resident. So you see instead of writing poetry I live it in the midst of her shrines, the mountains. Therefore, too, I am remote and not reluctantly either, from your great city intelligencies, municipal and otherwise. . . . In reply to your question why I did not do more in Canadian drama, my answer is—want of leisure.

All my literary work has been done in intervals of absolute leisure. Out of such came *Tecumseh*—no hurried production, but a labor of time and love. Had this continued I might have done much more for Canadian poetry. Even in youth I meditated *Tecumseh*, also a drama on the Conquest, a subject steeped in historic situations and revelations. . . .

Morgan refers to my loss of MSS. in the first Riel Rebellion. It was serious, and included the *Fountain of Bimini*, a poem on Ponce de Leon's romantic search; another of considerable length, *Zardust and Selina*, founded on an incident in the legendary life of Zoroaster; together with other work in prose and verse. . . .

I was born in 1838. . . .

My reminiscences may appear before my death or after it, which cannot be very long deferred. But though 77 years old, I am mentally sound, enjoy life and am still in the harness.

Every lover of Canadian poetry will devoutly wish years of continued life and happiness to this grand old man of song, who did so much in his more vigorous manhood to lay the foundations in our land of a great national literature.



Extracts from *TECUMSEH*

LEFROY. This region is as lavish of its
flowers

As Heaven of its primrose blooms by night.
This is the Arum which within its root

Folds life and death; and this the Prince's
Pine,
Fadeless as love and truth—the fairest
form
That ever sun-shower washed with sudden
rain.

This golden cradle is the Moccasin Flower,
Wherein the Indian hunter sees his hound;
And this dark chalice is the Pitcher-Plant,
Stored with the water of forgetfulness.

Whoever drinks of it, whose heart is pure,
Will sleep for aye 'neath foodful asphodel.
And dream of endless love. I need it not!
I am awake, and yet I dream of love.

It is the hour of meeting, when the sun
Takes level glances at these mighty woods,
And Iena has never failed till now

To meet me here! What keeps her? Can
it be

The Prophet? Ah, that villain has a
thought,

Undreamt of by his simple followers,
Dark in his soul as midnight! If—but
no—

He fears her though he hates!

What shall I do?

Rehearse to listening woods, or ask these
oaks

What thoughts they have, what knowledge
of the past?

They dwarf me with their greatness, but
shall come

A meaner and a mightier than they,

And cut them down. Yet rather would I
dwell

With them, with wildness and its stealthy
forms—

Than in the sordid town that here may
rise.

For here I am a part of Nature's self,
And not divorced from her like men who
plod

The weary streets of care in search of
gain.

And here I feel the friendship of the earth:
Not the soft cloying tenderness of hand

Which fain would satiate the hungry soul
With household honey combs and parlor-
ed sweets,

But the strong friendship of primeval
things—

The rugged kindness of a giant heart,
And love that lasts.

I have a poem made
Which doth concern Earth's injured ma-
jesty—

Be audience, ye still untroubled stems!

(*Recites*)

There was a time on this fair continent
When all things thrived in spacious peaceful-
ness.

The prosperous forests unmolested stood,

For where the stalwart oak grew there it lived
Long ages, and then died among its kind.
The hoary pines—those ancients of the earth—
Brimful of legends of the early world,
Stood thick on their own mountains unsub-
dued.

And all things else illumined by the sun,
Inland or by the lifted wave, had rest.

The passionate or calm pageants of the skies
No artist drew; but in the auburn west
Innumerable faces of fair cloud

Vanished in silent darkness with the day.

The prairie realm—vast ocean's paraphrase—
Rich in wild grasses numberless, and flowers

Unnamed saved in mute Nature's inventory,
No civilized barbarian treasured for gain.

And all that flowed was sweet and uncorrupt.
The rivers and their tributary streams,

Undammed, wound on forever, and gave up
Their lonely torrents to weird gulfs of sea,

And ocean wastes unshadowed by a sail.

And all the wild life of this western world
Knew not the fear of man; yet in those woods,
And by these plenteous streams and mighty
lakes,

And on stupendous steppes of peerless plain,
And in the rocky gloom of canyons deep,

Screened by the stony ribs of mountains hoar
Which steeped their snowy peaks in purging
cloud,

And down the continent where tropic suns
Warmed to her very heart the mother earth,

And in the congeal'd north where silence' self
Ached with intensity of stubborn frost,

There lived a soul more wild than barbarous;

A tameless soul—the sunburnt savage free—

Free, and untainted by the greed of gain:
Great Nature's man content with Nature's food.

—Scene II., Act. I.



TECUMSEH. . . .

Once all this mighty continent was ours,
And the Great Spirit made it for our use.

He knew no boundaries, so had we peace
In the vast shelter of His handiwork,

And, happy here, we cared not whence we
came.

We brought no evils thence—no treasured
hate,

No greed of gold, no quarrels over God;
And so our broils, to narrow issues joined,

Were soon composed, and touched the
ground of peace.

Our very ailments, rising from the earth,
And not from any foul abuse in us,

Drew back, and let age ripen to death's
hand.

Thus flowed our lives until your people
came,

Till from the East our matchless misery
came!

Since then our tale is crowded with your
 crimes,
 With broken faith, with plunder of re-
 serves—
 The sacred remnants of our wide domain—
 With tamp'rings, and delirious feasts of
 fire,
 The fruit of your thrice-cursèd stills of
 death,
 Which make our good men bad, our bad
 men worse,
 Ay! blind them till they grope in open day,
 And stumble into miserable graves.
 Oh, it is piteous, for none will hear!
 There is no hand to help, no heart to feel,
 No tongue to plead for us in all your land.
 But every hand aims death, and every
 heart,
 Ulcered with hate, resents our presence
 here;
 And every tongue cries for our children's
 land
 To expiate their crime of being born.
 Oh, we have ever yielded in the past,
 But we shall yield no more! Those plains
 are ours!
 Those forests are our birth-right and our
 home!
 Let not the Long-Knife build one cabin
 there—
 Or fire from it will spread to every roof,
 To compass you, and light your souls to
 death!

—Scene IV., Act II.



BROCK. 'Tis true our Province faces
 heavy odds:
 Of regulars but fifteen hundred men
 To guard a frontier of a thousand miles;
 Of volunteers what aidance we can draw
 From seventy thousand widely scattered
 souls.
 A meagre showing 'gainst the enemy's
 If numbers be the test. But odds lie not
 In numbers only, but in spirit too—
 Witness the might of England's little isle!
 And what made England great will keep
 her so—
 The free soul and the valor of her sons;
 And what exalts her will sustain you now
 If you contain her courage and her faith.
 So not the odds so much are to be feared
 As private disaffection, treachery—
 Those openers of the door to enemies—

And the poor crouching spirit that gives
 way
 Ere it is forced to yield.

ROBINSON. No fear of that!

BROCK. I trust there is not: yet I speak
 of it

As what is to be feared more than the odds.
 For like to forests are communities—
 Fair at a distance, entering you find

The rubbish and the underbrush of states.
 'Tis ever the mean soul that counts the
 odds,

And, where you find this spirit, pluck it
 up—

'Tis full of mischief.

MACDONNELL. It is almost dead.

England's vast war, our weakness, and the
 eagle

Whetting his beak at Sandwich, with one
 claw

Already in our side, put thought to steep
 In cold conjecture for a time, and gave

A text to alien tongues. But, since you
 came,

Depression turns to smiling, and men see
 That dangers well opposed may be sub-
 dued

Which, shunned, would overwhelm us.

BROCK. Hold to this!

For since the storm has struck us we must
 face it.

What is our present count of volunteers?

NICHOL. More than you called for have
 assembled, sir—

The flower of York and Lincoln.

BROCK. Some will go

To guard our frontier at Niagara,
 Which must be strengthened even at the
 cost

Of York itself. The rest to the Detroit,
 Where, with Tecumseh's force, our regu-
 lars,

And Kent and Essex loyal volunteers,
 We'll give this Hull a taste of steel so
 cold

His teeth will chatter at it, and his scheme
 Of easy conquest vanish into air.

—Scene II., Act IV.



BROCK. You may be right, Lefroy! but,
 for my part,
 I stand by old tradition and the past.
 My father's God is wise enough for me,

And wise enough this gray world's wisest men.

LEFROY. I tell you, Brock,
The world is wiser than its wisest men,
And shall outlive the wisdom of its gods,
Made after man's own liking. The crippled throne

No longer shelters the uneasy king,
And outworn sceptres and Imperial crowns
Now grow fantastic as an idiot's dream.
These perish with the kingly pastime, war,
And war's blind tool, the monster, Ignorance!

Both hateful in themselves, but this the worst.

One tyrant will remain—one impious fiend
Whose name is Gold—our earliest, latest foe!

Him must the earth destroy, ere man can rise,

Rightly self-made, to his high destiny,
Purged of his grossest faults; humane and kind;

Co-equal with his fellows, and as free.

BROCK. Lefroy, such thoughts let loose,
would wreck the world.

The kingly function is the soul of state,
The crown the emblem of authority,
And loyalty the symbol of all faith.

Omitting these, man's government decays—

His family falls into revolt and ruin.

But let us drop this bootless argument,

And tell me more of those unrivalled wastes

You and Tecumseh visited.

LEFROY. We left

The silent forest, and, day after day,
Great prairies swept beyond our aching sight

Into the measureless West; uncharted realms,

Voiceless and calm, save when tempestuous wind

Rolled the rank herbage into billows vast,
And rushing tides which never found a shore.

And tender clouds, and veils of morning mist,

Cast flying shadows, chased by flying light,

Into interminable wildernesses,

Flushed with fresh blooms, deep perfumed by the rose,

And murmurous with flower-fed bird and bee.

The deep-grooved bison-paths like furrows lay,

Turned by the cloven hoofs of thundering herds

Primeval, and still travelled as of yore.

And gloomy valleys opened at our feet—
Shagged with dusk cypresses and hoary

pine;

And sunless gorges, rummaged by the wolf,

Which through long reaches of the prairie wound,

Then melted slowly into upland vales,

Lingering, far-stretched amongst the spreading hills.

BROCK. What charming solitudes! And life was there!

LEFROY. Yes, life was there; inexplicable life,

Still wasted by inexorable death.

There had the stately stag his battle-field—
Dying for mastery among his hinds.

There vainly sprung the affrighted antelope,

Beset by glittering eyes and hurrying feet.
The dancing grouse, at their insensate

sport,

Heard not the stealthy footstep of the fox;

The gopher on his little earthwork stood,
With folded arms, unconscious of the fate

That wheeled in narrowing circles overhead;

And the poor mouse, on heedless nibbling bent,

Marked not the silent coiling of the snake.
At length we heard a deep and solemn sound—

Erupted moanings of the troubled earth
Trembling beneath innumerable feet.

A growing uproar blending in our ears,
With noise tumultuous as ocean's surge,
Of bellowings, fierce breath and battle shock,

And ardor of unconquerable herds.

A multitude whose trampling shook the plains,

With discord of harsh sound and rumblings deep,

As if the swift revolving earth had struck,
And from some adamant peak recoiled,
Jarring. At length we topped a high-browed hill—

The last and loftiest of a file of such—

And, lo! before us lay the tameless stock,

Slow wending to the northward like a
cloud!

A multitude in motion, dark and dense—
Far as the eye could reach, and farther
still,

In countless myriads stretched for many
a league.

BROCK. You fire me with the picture!
What a scene!

LEFROY. Nation on nation was invillag-
ed there,

Skirting the flanks of that imbanded host;
With chieftains of strange speech and port
of war,

Who, battled-armed, in weather-brawny
bulk,

Roamed fierce and free in huge and wild
content.

These gave Tecumseh greetings fair and
kind,

Knowing the purpose havened in his soul.
And he, too, joined the chase as few men
dare;

For I have seen him, leaping from his
horse,

Mount a careering bull in foaming flight,
Urge it to fury o'er its burden strange,
Yet cling tenacious, with a grip of steel,
Then, by a knife-plunge, fetch it to its
knees

In mid career, and pangs of speedy death.

BROCK. You rave, Lefroy! or saw this
in a dream.

LEFROY. No, no; 'tis true—I saw him
do it, Brock!

Then would he seek the old, and with his
spoils

Restore them to the bounty of their youth,
Cheering the crippled lodge with plente-
ous feasts.

And warmth of glossy robes, as soft as
down,

Till withered cheeks ran o'er with feeble
smiles,

And tongues, long silent, babbled of their
prime.

BROCK. This warrior's fabric is of per-
fect parts!

A worthy champion of his race—he heaps
Such giant obligations on our heads

As will outweigh repayment. It is late,
And rest must preface war's hot work to-
morrow,

Else would I talk till morn. How still the
night!

Here Peace has let her silvery tresses down,
And falls asleep beside the lapping wave.

—Scene VI., Act IV.



THE LAST BISON

Long had I lain 'twixt dreams and wak-
ing, thus,

Musing on change and mutability,
And endless evanescence, when a burst
Of sudden roaring filled the vale with
sound.

Perplexed and startled, to my feet I
sprang,

And in amazement from my covert gazed,
For, presently, into the valley came
A mighty bison, which, with stately tread
And gleaming eyes, descended to the
shore!

Spell-bound I stood. Was this a living
form,

Or but an image by the fancy drawn?
But no—he breathed! and from a wound
blood flowed,

And trickled with the frothing from his
lips.

Uneasily he gazed, yet saw me not,
Haply concealed; then, with a roar so loud
That all the echoes rent their valley-horns,
He stood and listened; but no voice re-
plied!

Deeply he drank, then lashed his quiver-
ing flanks,

And roared again, and hearkened, but no
sound,

No tongue congenial answered to his call—
He was the last survivor of his clan!

Huge was his frame! the famed Burdash,
so grown

To that enormous bulk whose presence
filled

The very vale with awe. His shining horns
Gleamed black amidst his fell of floating
hair—

His neck and shoulders, of the lion's build,
Were framed to toss the world! Now stood
he there

And stared, with head uplifted, at the
skies,

Slow-yielding to his deep and mortal
wound.

He seemed to pour his mighty spirit out

As thus he gazed, till my own spirit
 burned,
 And teeming fancy, charmed and over-
 wrought
 By all the wildering glamor of the scene,
 Gave to that glorious attitude a voice,
 And, rapt, endowed the noble beast with
 song.

The Song

Here me, ye smokeless skies and grass-green
 earth,
 Since by your sufferance still I breathe and
 live!
 Through you fond Nature gave me birth,
 And food and freedom—all she had to give.
 Enough! I grew, and with my kindred ranged
 Their realm stupendous, changeless and un-
 changed,
 Save by the toll of nations primitive,
 Who thrive on us, and loved our life-stream's
 roar,
 And lived beside its wave, and camped upon its
 shore.

They loved us, and they wasted not. They slew,
 With pious hand, but for their daily need;
 Not wantonly, but as the due
 Of stern necessity which Life doth breed.
 Yea, even as earth gave us herbage meet,
 So yielded we, in turn, our substance sweet
 To quit the claims of hunger, not of greed.
 So stood it with us that what either did
 Could not be on the earth foregone, nor Heaven
 forbid.

And, so, companioned in the blameless strife
 Enjoined upon all creatures, small and great,
 Our ways were venial, and our life
 Ended in fair fulfilment of our fate.
 No gold to them by sordid hands was passed;
 No greedy herdsman housed us from the blast;
 Ours was the liberty of regions rife
 In winter's snow, in summer's fruits and
 flowers—
 Ours were the virgin prairies, and their rap-
 ture ours!

So fared it with us both; yea, thus it stood
 In all our wanderings from place to place,
 Until the red man mixed his blood
 With paler currents. Then arose a race—
 The reckless hunters of the plains—who vied
 In wanton slaughter for the tongue and hide,
 To satisfy vein ends and longings base.
 This grew; and yet we flourished, and our name
 Prospered until the pale destroyer's concourse
 came.

Then fell a double terror on the plains,
 The swift inspreding of destruction dire—
 Strange men, who ravaged our domains
 On every hand, and ringed us round with
 fire;
 Pale enemies, who slew with equal mirth
 The harmless or the hurtful things of earth,
 In dead fruition of their mad desire;
 The ministers of mischief and of might,

Who yearn for havoc as the world's supreme
 delight.

So waned the myriads which had waxed before
 When subject to the simple needs of men.
 As yields to eating seas the shore,
 So yielded our vast multitude, and then—
 It scattered! Meagre bands, in wild dismay,
 Were parted and, for shelter, fled away
 To barren wastes, to mountain gorge and
 glen.
 A respite brief from stern pursuit and care,
 For still the spoiler sought, and still he slew
 us there.

Hear me, thou grass-green earth, ye smokeless
 skies,
 Since by your sufferance still I breathe and
 live!
 The charity which man denies
 Ye still would tender to the fugitive!
 I feel your mercy in my veins—at length
 My heart revives, and strengthens with your
 strength—
 Too late, too late, the courage ye would
 give!
 Naught can avail these wounds, this failing
 breath,
 This frame which feels, at last, the wily touch
 of death.

Here must the last of all his kindred fall;
 Yet, midst these gathering shadows, ere I
 die—
 Responsive to an inward call,
 My spirit fain would rise and prophesy.
 I see our spoilers build their cities great
 Upon our plains—I see their rich estate:
 The centuries in dim procession fly!
 Long ages roll, and then at length is bared
 The time when they who spared not are no
 longer spared.

Once more my vision sweeps the prairies wide,
 But now no peopled cities greet the sight;
 All perished, now, their pomp and pride:
 In solitude the wild wind takes delight.
 Naught but the vacant wilderness is seen,
 And grassy mounds, where cities once had been.
 The earth smiles as of yore, the skies are
 bright,
 Wild cattle graze and bellow on the plain,
 And savage nations roam o'er native wilds
 again!

The burden ceased, and now, with head
 bowed down,
 The bison smelt, then grinned into the air.
 An awful anguish seized his giant frame,
 Cold shudderings and indrawn gaspings
 deep—
 The spasms of illimitable pain.
 One stride he took, and sank upon his
 knees,
 Glared stern defiance where I stood re-
 vealed,
 Then swayed to earth, and, with convul-
 sive groan,
 Turned heavily upon his side, and died.

Art and Artists in Canada

By KATHERINE HALE

[By the introduction of this department, it is hoped that a new meeting ground will be found for artists in music, drama and pictorial art. All communications relative to the department may be forwarded to the editor, Mrs. John W. Garvin (Katherine Hale), 117 Farnham Ave., Toronto.]

MUSIC is public health and public welfare. Psychologists have been long agreed on its hypnotic power over restless brains and nerve cells, and its effect has been successfully experimented upon in the wards of many hospitals. The plea for more music at the front is not unreasonable when it is realized that there is no stimulant for tired troops like that of martial music. Indeed, art in all its branches is, to-day, so penetrating every corner of life that a department as to matters concerning Canada's interest in the various branches of art seems only a natural development in the evolution of a *Journal* devoted to public welfare.

While in this issue we are concerned only with musical matters, there will be news of dramatists and pictorial artists from month to month.

Madame Nellie Melba, in her Red Cross campaign in Canada, is creating as much interest as a patriot as she ever did as a singer. Indeed, it would seem that the genuine feeling which has stirred her heart and carried her out of herself in this great emotional crisis has reacted on her voice so surprisingly that she sings to-day immeasurably better than she did fifteen or even twenty years ago. That she has made for the Red Cross Fund, through concerts in Australia and Canada, given at her own expense since the war began, over a hundred thousand dollars, is surely a record.

She comes back with practically the

same repertoire from time to time, so that by actual comparison of her voice heard in the same songs and arias, it was pleasant to realize that the organ is infinitely softer and more flexible as she sings now—a buxom, middle-aged prima donna—than when, years ago, lily-like and slim, she gave one, musically speaking, the impression of an agreeable icicle.

The great lady was most gracious in an interview granted to the *Public Health Journal*. She told the writer of her exciting and valorous experiences in Australia, when great audiences paid great prices to hear her sing, and bought the flags of the Allies auctioned—or perhaps one should say sold—from her own hands. She told of her amiable intention of “pick-pocketing” in Canada for the dear cause, and her eyes grew misty as she spoke of her many friends and relatives at the front. “Soon I shall have no one left!” she said.

Later, one saw her radiant in rose color, sparkling, animated, smiling at the large and fashionable audience which enjoyed the *Oceasion*—and really looked its best, notwithstanding the war!

Yet strangely enough, at the moment of her success, one could not help mentally reverting to those “advance agents”—the dressmakers, the managers, the reporters, the special writers, the whole horde of clever little people who have made the tradition of Melba what it is.

Not Melba alone, of course—every great Diva is so aided. Nevertheless, particularly on this occasion, it seemed to me that I felt them there behind that rose-clad singer, a whole host of them, quite actual though shadowy and invisible—the very important, always unmentioned, little people who help, indeed make, these great triumphs of the established prima donnas



MELBA

—especially when they come Red Cross-ing at five dollars a seat.

Many of the features of the Melba Red Cross concerts are sensational; the use of flags, pipers and wounded soldiers, are surely a bit spectacular, but—as an event of glowing color—her concerts will remain among the stirring war memories of 1915.

Manager Withrow, of the Massey Music Hall, is a cheerful person to interview. It is his intention to recall, during the coming months of winter, some bright particular stars, and though in this troublous time no man can accurately prophesy what a day, not to speak of a month, may bring forth, Mr. Withrow is confident that the season will not be devoid of interest for the public. In his own words, he wants to "space the winter through with good concerts so that the public need not go hungry." That is to say he means to bring attractions that will make bright spots in our musical life without draining the purses of concert goers too severely.

And so we shall have Paderewski in a recital in November. He has forty concerts in America, by the way, and Toronto is the only Canadian city chosen. And later on we are to have the most fascinating of all French singers of folk song, Yvette Gilbert, probably Clara Butt, and probably again the redoubtable Harry Lauder, if he decides to leave the trenches where he is holding forth at present. In January we are promised the New York Symphony Orchestra with Micha Elman as soloist, and again in March with Hoffmann at the piano.

It has seemed to me, and I am sure to many others, that the case of British musicians since the war began has been very difficult—in some cases, indeed, unfairly so, for musicians, like all the other artists, are dealing in a substance that is unsubstantial to the minds of many, and among the luxuries that may be dispensed with in time of war. But because the singers and the players, and the makers of music are really among the most influential of all citizens they cannot, after all, be dispensed with, and so there is a perpetual cry for their help. At the same time their rates and salaries are cut so

low in some cases to be infinitesimal. No class of people did better service from one end of Canada to another last year in raising funds than the musicians. Yet when the hour of relaxation comes, and people are preparing concerts for purposes solely of pleasure, it is to the imported artist that we listen. It hardly seems fair, does it?

The two outstanding events in the musical life of Ontario for October were the Boston Grand Opera Company who gave, in Toronto, "The Dumb Girl of Portici," "Madame Butterfly," "Carmen," and the "Love of Three Kings," all embroidered with the glory of the Russian ballet and Pavlova the beautiful. These were gorgeous performances in which the great Arena was transformed. The stage was extended beyond all previous limits and the auditorium made into the shape of a great horseshoe. The stage was so large as to contain with dignity the scenic effects of Bakst, Urban and Simes. The players were evidently sympathetic with the cause of the Allies, for they seemed to be giving their best towards the Red Cross Fund, which was much augmented by the performances.

At the same time occurred the "All Canada" Festival at Massey Hall, in which the proceeds were given to the Canadian Aviation School, and the seven artists engaged, Donalds, Margaret Keyes, Paul Dufault, Madame Lavoie, Winnifred Bambrick, the harpist, and the two violinists, Lucille Collette and Evelyn Starr, had all a direct connection with Canada either by birth or education.

Talking of the strange charm and bewitchment of Pavlova and her company of dancers, I can never forget an interview with the little Russian some years ago on her first appearance in Toronto, when, in her gorgeous youth and emotion, she seemed to dance the very heart out of her audience. She was verily all light and color. And just afterwards I was in her dressing room and she, getting into her street garb, wigless and unpainted, appealed to me more, in her slim and it seemed very work-worn youth, than she did dancing so lightly on the great tapestried stage.

"Yes, I work very hard," she said, "and I get tired unto the death. But—I like to work and to be tired!"

The old story of the artist, in a nutshell.

Already comes the announcement of the plans of the Mendelssohn Choir to give their concerts on Jan. 31st and Feb. 1st and 2nd, with a miscellaneous programme for the first two nights, and the "Children's Crusade" for the second. In one of the miscellaneous programmes, Hamilton Harty's brilliant work, "The Mystic Trumpeter," which was composed for the Leagues Festival of 1915, will be heard. A quartette of soloists will be supported by the famous Russian symphony Orchestra of New York, which will appear in the entire series of concerts.

One of the most interesting phases in Canadian music is a growing development towards composition, which is always a healthy sign of the times. I believe that Boris Hambourg has just completed a suite for 'cello and piano, which is considered quite a remarkable piece of work and a welcome addition to the literature for this instrument. It will be introduced this winter at one of the Hambourg concerts in Forester's Hall.

I notice that at one of the Mendelssohn Choir concerts Percy Grainger's "Lincolnshire Folk Song" for orchestra and chorus will be given. When the Australian composer and pianist was studying in Germany, the story goes that his teacher wanted him to try for a prize; when the pupil asked: "If I should win would they let me study Chinese music with the money?"

The teacher gently replied: "No—they don't give prizes to idiots!"

But the longing which Percy Grainger expressed to free himself from the deadly familiar, to learn something about the music of races foreign to our own, is felt

by many musicians and listeners to music the world over.

Indeed, certain exotic kinds of music have, as a matter of fact, already exerted an appreciable influence on leading contemporary composers. Mr. Grainger points out that "such delicious pieces as Debussy's 'Pagodes' and 'Reflets dans l'eau' (and, indeed, the whole modern French school), owe much to some acquaintance with Japanese music, yet we still have to journey to the Dutch Indies to hear the 'gamelan.'" The time is ripe, he thinks, for the formation of a worldwide International Musical Society for the purpose of making all the world's music known to all the world by means of imported performances and phonograph records. Small troupes of peasant musicians and dancers might be brought together to give entertainment in the art centres of all lands. "One programme might consist of Norwegian fiddling, pipe-playing, cattle-calls, peasant dances and ballad singing; another of various types of African drumming, marimba and zanze playing, choral songs and war dances, and yet another evening filled out with the teeming varieties of modes of singing and playing upon plucked instruments indigenous to British India; and so on, until music lovers everywhere could form some accurate conception of the as yet but dimly guessed multitudinous beauties of the world's contemporaneous output of music." Fortunes might be spent, and well spent, Mr. Grainger continues, in securing phonographic records of exotic music by experts "capable of responding to unexpected novelties and eager to seize upon and preserve in their full strangeness and otherness just those elements that have least in common with our own music." The whole subject of exotic and folk music in their bearing on modern composition is discussed by Mr. Grainger in a suggestive article of 22 pages in the current number of *Sonneck's Musical Quarterly* (Schirmer)—an article which should be read by all composers, critics and listeners who wish to understand the meaning and drift of the latest phases of European music.



PUBLIC WELFARE

THE SUPREME CHOICE

There are two types of man. One type responds to the call of the sage of Chelsea: "Produce, produce, though it be but the veriest infinitesimal fraction of a product; produce it in God's name." The other type is found in that fool who said to his soul: "Soul, thou hast much goods laid up for many years; take thine ease, eat, drink and be merry." Between these two continents of life lies the supreme choice which every one of us must make.

The problem of making choice came to Arjuna amid the sources of the Ganges, to Achilles on the plains of Ilium, to Marc Antony at Actium, to Faust in his laboratory. The Christ in the wilderness was confronted with the new-old choice. Perpetual crises follow one another in the lives of individuals and nations. Bulgaria has recently made her choice. The United States are fronting the issue to-day, and may well hear their representative poet when he says:

"Hast thou chosen, O my people, on whose party thou shalt stand
Ere the Doom from its worn sandals shakes the dust against our
land."

In making our choice between ease and effort, between self and service, we are fixing our own estimates of ourselves in the eyes of our contemporaries. To choose personal comfort is to proclaim the body dearer than the soul. To choose the conflict is to stand with Horatius at the bridge and ask:

"How can man die better than facing fearful odds

"For the ashes of his fathers and the temple of his gods."

Pagan! You say. Granted, but there are worse things than such glorious paganism as that. Let those who boast their "Christianity" and their "civilization" measure up to the mark of Leonidas and the Græci, and we will forgive them their creed. Our heroes are joining the battle

"While the coward stands aside

Doubting in his abject spirit till the cause is crucified."

In the years to come many a man will wish he had chosen more promptly the way of service and sacrifice in that high path where all the forces of liberty, moving together, keep step with the urge of the soul and march to the music of the morning stars.—
Albert D. Watson.



Medical Staff, P.P.C.L.I., 27 Div., 80th Bde.,

France, August 27, 1915.

A SHORT time ago I wrote a few lines for our "Journal" whilst we were in Belgium (Brave little Belgium), after spending some months there now in the trenches, then resting, then off again for the trenches. I think the worst place of all where our men had been was Ypres (pronounced Ye-prees) way up to the Policopple Woods. Here our men were comparatively safe. We had a splendid full view of the famous Hill 60, which will long live in the memory of the troops who were there. With the "Princess Pats" were the 94th, K.R.R., R.B.'s and Shrops, which go to make our Division up. Until those German devils started to use their gas shells, then it was hell on earth. Men by the score were suffocated and stifled by the fumes. We were, of course, totally unprepared for such an unearthly, dastardly trick. It seemed as if the very fiends themselves had been loosed from hell. But now we are prepared for any conceivable scheme of attack, and should we be ever forced to retaliate then with a vengeance swift and sure we will repay.

The once beautiful city of Ypres, of some 40,000 inhabitants, its magnificent churches, civic halls and markets, are now a pile of ashes and ruins, not a whole pane of glass is to be found. I managed to collect a few souvenirs of the bombardment, but unluckily the wagon on which I had them stowed away was destroyed by a German shell, and what is far more loss than either wagons or mementos was the loss of life of two brave men, who were both soldiers and gentlemen, who were buried beneath a ton of brick and iron work. We managed to get one of them out, and took his body with us when we moved further back from the centre of the bombardment to the little village of Bosse Boom, where he was buried in a secluded corner of a meadow, where the roads cross, with the beautiful Burial Service of the Church of England, and, curiously enough, after the service, we found we were not 10 yards from a shrine, and it was a comfort to us to know that the one whom we had just laid to rest would be remembered in prayers by all who passed by.

Bosse Boom is a pretty though very small hamlet, of about 150 inhabitants; there is one general store, four estamenets (estamenay), 1 blacksmith. The chief product is grain, and you can imagine the reason why we thought of home when we saw two Frost & Wood binders and a McCormick mower and binder. However advanced the French farmers are in regard to machinery, they have yet to learn how to manage them with economy, as here it usually takes three men to run a binder. In the town of Poperinghe we came across a Canadian threshing machine.

In my letter to the Journal (July issue) I spoke a little about the crude system of sanitation of the Belgian towns; now practically they are no further advanced in France. At least, I have yet to find a proper and modern system of sanitation and sewers. We have been in several French towns and two cities, but everything is the same as in Belgium, though one hardly ever sees the cess-pools cleaned by hand as in Belgium, but they are all cleaned out by suction in

a large tank, which generally has a capacity of about 500 to 800 gallons, which is used as fertilizer by the farmers. In the districts where we have been at various times, especially the Houp Lines, flowers are in abundance, the tall, graceful white lily, all kinds of roses, bush rose, rambling rose and the tree rose are very beautiful, to say nothing of pansies. The red, single-leaf poppy grow wild almost everywhere. Here we come across acres of beans and sweet corn, which we are able to procure by helping ourselves, and which form an additional dish to our ordinary ration of mulligan.

Leave of absence for seven days is now being granted to the members of the expeditionary force who have served in France since December, 1914. I was lucky to get mine in the first week in August. I, with two chums, left our Bivouac about 11 a.m. August 6th, and went to the Divisional Rail Head point, where at 3.20 we boarded the train for Boulogne. We arrived there about 8 p.m., and by 10 p.m. we were on the good boat Victoria of the South Eastern and Dover Company. We arrived in Folkestone about 2 hours later, where we entrained for London, arriving there at 2.30 a.m. I was very glad to get back, even if only for a few days. A stranger in London, or England, come to that, would hardly realize that only within a few miles a war of life and death was being waged. There are hundreds and hundreds of troops in England from all over the universe, yet one would just think they were off for the annual drill, so quiet and orderly is everything carried on. No doubt there are hundreds young, able-bodied men still hanging back who no doubt do not seem to realize the danger that threatens our homes and dear ones, but no doubt should the worst come they will, I am sure, rally round the dear old flag. You know England has so much confidence in herself (and colonies) that I don't think she will ever put actual conscription in force. It is glorious at a time like this to feel sure that the old saying will stand for ever good that this England never did and never shall be at the feet of any proud conqueror, for it will indeed be a mighty proud country who beats England.

Since starting this letter we have begun a new system of camp sanitation regarding the latrines, as a trial to prove their efficacy and practicability. Instead of using the old method of digging a trench, say about 10 feet long, 18 inches wide, by about 4 or 5 feet deep, and by placing a pole or scantling or supports for seats, as we do in peace time; in war time we just dig pits, which before the army moves are well covered with chloride of lime, and then filled in with earth. According to instructions issued by the Administrator of Medical Service and Sanitation, each Brigade, which consists of 4 regiments (this applies to permanent billets), furnishes four men each, with a N.C.O. in charge, to construct new latrines, by digging a pit in form of letter L to a depth of 7 feet about by 4 feet wide. These pits are filled up to the top with cinders which are crushed, after left standing a couple of days or so, are finished off by sinking a V-shaped through about 6 inches in depth in the cinders, empty iron drums with the bottoms perforated and the top removed, with a little dry hay or straw for the receptacle, the liquid matter drops through the hay and out through the perforators, leaving the solid matter, which is collected twice a day, and is burnt at the ordinary field service incinerator. I will probably be able to explain more fully how this new scheme acts. My object (though a poor writer in general) is to give our readers a small idea of the working of the army when actually in the field on active service.

PERCIVAL H. MEIKLEJON,

Asso. M. West. Can. S. A.

Serving P.P.C.L.I. Medical Staff, B.E.F.

The Sanitary Inspectors' Association of Western Canada

President—E. W. J. Hague, Assoc. Roy. San. Inst. Vice-Presidents—Western Ontario, W. E. Stanley, Assoc. Roy. San. Inst., Manitoba, W. F. Thornley, Assoc. Roy. San. Inst.; Saskatchewan, Thos. Watson, Assoc. Roy. San. Inst.; Alberta, J. J. Dunn, Assoc. Roy. San. Inst.; British Columbia, F. L. Glover, Assoc. Roy. San. Inst. Executive Committee—W. J. T. Watt, Cert. Inc. San. Assoc., Scotland; P. B. Tustin, Member Roy. San. Inst.; D. Little, Assoc. Roy. San. Inst., Winnipeg; E. C. Brown, Fellow Highland Agr. Soc., Winnipeg, Sec.-Treas.—Alex. Officer, Cert. Inc. San. Assoc., Scotland.

THIRD ANNUAL REPORT OF THE EXECUTIVE COMMITTEE FOR YEAR ENDING 30th JUNE, 1915

ON account of the difficulty of obtaining a representative attendance consequent on the war, and a general desire for retrenchment, no annual meeting was held this year. The Executive Committee arrived at this decision after communicating with the various branches and large centres.

At the last annual meeting it was decided to invite Sir R. L. Borden to become Vice-Patron in place of the late Lord Strathcona. The Premier accepted the invitation, at the same time wishing the Association continued success.

With regard to the question of the status and qualifications of Sanitary Inspectors raised at the last annual meeting and referred to the Executive Committee for consideration, considerable correspondence has taken place with the Board of Health of the Province of Manitoba. The following letters, which are typical of several written under this head, serve to indicate what we have been trying to accomplish:

R. M. Simpson, Esq., M.D., Chairman,
Board of Health for the Province of
Manitoba, Parliament Buildings, Winni-
peg, Manitoba.

Dear Sir:

The Executive of this Association respectfully beg to submit to your Board that the time has now arrived when in this Province every person in future appointed by any municipality as a Sanitary Inspector should possess a certificate from some recognized examining body that he has passed an examination in some branch of sanitary science.

We feel that the requirement of such

qualification would result in a more intelligent class of men being appointed than frequently happens under the present system.

Whilst the Health Officer is, and should be, the person in supreme authority, it is manifestly impossible that he can attend personally to all the duties laid upon him under the Public Health Act. This is more especially the case in towns and cities where the bulk of the work must of necessity be performed by trained sanitary inspectors working under the authority of the Health Officer.

In rural districts where the Health Officer is only employed in an advisory capacity, it is even more important that the Sanitary Inspector should be a person well skilled in sanitary knowledge and practice.

There is now, as you are aware, an Examining Board of the Royal Sanitary Institute established in Manitoba and no lack of candidates for these examinations.

We recently noted an advertisement for a Sanitary Inspector for the Municipality of Assiniboia. The advertisement called for a qualified man, but we understand that, notwithstanding the fact that there were several certificated men amongst the applicants, a non-certificated man was appointed.

We would suggest that the desired end could be attained if your Board were to make and promulgate a regulation under subsection (a) of section 26 of the Public Health Act, which gives the Board power to "provide for and regulate the functions, duties and jurisdiction of . . . sanitary constables."

We suggest that the regulation might be similar to the provisions of By-law 8085 of the City of Winnipeg, which reads as follows:

BY-LAW 8085.

A By-law of the City of Winnipeg to amend By-law No. 6923 (Salary By-law) by providing that all persons in future appointed as Sanitary Inspectors shall be properly qualified.

The Municipal Council of the City of Winnipeg in Council assembled, enacts as follows:

Section III. of By-law No. 6923 is hereby amended by adding thereto the following subsections:

1. All persons who shall in future be appointed to the position of a Health or Sanitary Inspector, Meat, Food or Dairy Inspector, or Disinfecter, in the Health Department, shall be persons specially qualified for sanitary work and shall possess a certificate granted by the Royal Sanitary Institute of Great Britain or The Incorporated Sanitary Association of Scotland or The Royal Institute of Public Health, England, or Victoria University, Manchester, England (Sanitary Science Certificate), or some other recognized examining body skilled in sanitary science.

(a) In case, however, at any time, no persons certified as above are available, the Health Officer shall subject all applicants to a written and oral examination in sanitary science and may, if satisfied with the proficiency of any candidate, recommend him for appointment.

(b) No person shall be appointed to any of the positions above mentioned unless properly qualified in the manner before described; provided, however, that the Health Officer may, if occasion requires, recommend for temporary appointment an applicant not qualified as above, but such person shall sit for examination and obtain a certificate of proficiency within six months after date of his appointment.

DONE AND PASSED in Council assembled this twenty-first day of October, A.D. 1913.

(Sgd.) THOS. R. DEACON, Mayor.

(Sgd.) C. J. BROWN, City Clerk.

Certified as to form,

(Sgd.) THEO. A. HUNT, City Solicitor.

If you are of opinion that such a regulation could be promulgated and see fit to take such action, we feel it would be appreciated by Health Officers throughout the Province.

It is further suggested that provision might be made for several municipalities to combine to employ a qualified inspector. In Saskatchewan at the present time such a move is contemplated, with this important difference, viz., that it is proposed that such inspectors shall be appointed by the Commissioner of Health for that Province and that the Province pay half of the inspector's salary and the combined municipalities the other half.

There is one other matter which we feel could be amended and that is the statutory status of the Sanitary Inspector. Under the Public Health Act their official title is that of Sanitary Constables.

It may be a small matter, but we feel that the name is not well chosen, that it conveys the idea of police duties only, instead of the much wider field of executive ability and educational influence which a trained inspector should cover.

We are trying as an Association to educate our own members and by so doing to attract to the profession a better class of men with a higher standard of education, and feel that a recognition of the importance of this work by your Board, the highest Health Authority in this Province, would have great effect. We would suggest, therefore, that the term "Sanitary Constable" be done away with and the title of "Sanitary Inspector" be substituted therefor.

We shall be pleased if you so desire to wait upon you to discuss further the matter and in the meantime would ask your favorable consideration of the above suggestions.

Yours respectfully,

(Sgd.) E. W. J. HAGUE,

President.

ALEXR. OFFICER,

Secretary-Treasurer.

W. F. THORNLEY,

Vice-President for Manitoba.

Reply to Above Letter.**BOARD OF HEALTH, MANITOBA.**

Winnipeg, Man., 22nd April, 1915.

Alex. Officer, Esq., Secretary-Treasurer,
Sanitary Inspectors' Association of
Western Canada, Health Department,
City Hall, Winnipeg, Man.

Dear Sir:

Your communication of the 1st inst., addressed to the Chairman of the Board, Dr. R. M. Simpson, relating to Municipal Sanitary Inspectors, has been forwarded by him to me for reply.

I have discussed the subject very fully with the Chairman and am directed to say that while the aims of your Association are in the right direction and the achievement of the object of securing qualified Sanitary Inspectors throughout the Province is a laudable one, the accomplishment, however, of the latter is not at all possible at present, as it involves difficulties impossible to overcome, chief of which is the co-operation of municipalities to provide anything like appropriate remuneration for such services. I speak with experience when I say that it is only with constant pressure that municipal councils are induced to appoint health officers, the prevailing opinion in the minds of municipal representatives being, that matters affecting the public health are about the last thing upon which public moneys should be expended. It might be possible to provide by legislation that cities and the larger towns and villages should be required to provide and pay for adequate sanitary inspection, but as regards the large proportion of rural sections I am confident it would be resented, and is not feasible at present.

The Board is doing everything possible in order to impress rural councils with the importance of protecting the public health, but the time has not yet arrived, in my opinion, for such drastic action as your communication would necessarily imply. I can assure your Association, however, when this desirable period is evident and something tangible and effective is possible of consummation, the suggestions made will be put into practicable effect, or at least

recommended for the serious consideration of the Legislature.

Yours truly,

(Sgd.) E. M. Wood,

Secretary.

We understand that Mr. Watson, Vice-President for Saskatchewan, has been looking into this matter as regards that Province.

Wherever it has become known to us that a Sanitary Inspector was to be appointed we have communicated with the local authority and suggested the advisability of appointing a fully qualified man. We are pleased to be able to report that our efforts have been successful in each instance. In this connection it is worthy of note that in any case where such vacancies have been advertised, the advertisement called for qualified men. This is a big step in the right direction and very encouraging. In one instance the Council got into touch with us and requested that we furnish them with the name of a suitable man. It happened at that time that two of our members, qualified men, were disengaged. We put both men into touch with the Council. One of these men who had experience as a Sanitary Inspector in a Western town was appointed to the position.

At our last annual meeting we reported a membership as at 30th June, 1914:

Western Ontario—1 member and 1 associate member; a total of 2.

Manitoba—28 members and 19 associate members; a total of 47.

Saskatchewan—13 members and 11 associate members; a total of 24.

Alberta—3 members and 7 associate members; a total of 10.

British Columbia—1 member, no associate members; a total of 1.

A grand total of 46 members and 38 associate members.

Our membership for this year at 31st July is as follows:

Western Ontario—1 member, no associate members; a total of 1.

Manitoba—33 members, 14 associate members; a total of 47.

Saskatchewan—12 members, 9 associate members; a total of 21.

Alberta—2 members, 3 associate members; a total of 5.

British Columbia—1 member, no associate members; a total of 1.

A grand total of 48 members and 26 associate members.

The above figures include those members who have gone on active service, but are held in good standing until their return.

One of our members who held the position of Sanitary Inspector in one of our Western towns lost his position on account of the cheese-paring policy of his Council. It is surely a short-sighted policy for any local authority to dispense with their Sanitary Inspector because of retrenchments on account of the war. The health of the community rests to no small degree on the shoulders of the Sanitary Inspector, and if he is energetic his value cannot be measured in dollars and cents.

As will be seen by the report on the Manitoba Branch, the Royal Sanitary Institute held an examination in Winnipeg in October, 1914, when six of our associate members were successful in obtaining the certificate for Inspector of Nuisances. This is very encouraging, and we hope that in the near future many more of our associate members will qualify. Other three examinations had been planned to take place at Calgary, Regina and Winnipeg early this year, but on account of the war these have been postponed.

During the year we have endeavored to publish an article written by one of our members each month in the "Public Health Journal." It is not very easy for us to keep in touch with the individual members, but we will try to do so by means of the Journal. The Executive Committee will be glad at any time to receive articles suitable for publication from any member of the Association.

At the request of the Executive Committee the management of the "Public Health Journal" were good enough to forward a set of the Journals for the year 1914, and we have had these bound.

As will be seen by the report of the Vice-President for Manitoba, the Winnipeg Branch is still turning the Saturday afternoon meetings to good advantage. The papers read at these weekly gatherings have been much appreciated, both at the meetings and by readers of the Journal.

We are pleased to learn that the Regina

Branch has also enjoyed profitable times at their meetings.

These meetings afford a good opportunity for interchange of opinion. The members of one division of a health department thus become acquainted with the difficulties and problems of the other divisions and mutual help is afforded.

During the year we lost by death three of our members. Mr. F. J. Johnson, who was a member of the Executive of our Association from its inception, fell a victim to that dread disease cancer. Mr. Johnson took a keen interest in the Association and was ever ready to do anything in his power to further its aims. At the time of his death he occupied the position of Superintendent of Seavenging in the Winnipeg Health Department.

The members will also be very sorry to hear of the deaths, while on active service, of Mr. W. Barugh and Mr. J. H. Jones. Mr. Barugh was Sanitary Inspector for the Town of Transcona, near Winnipeg, and Mr. Jones was Sanitary Inspector for Assiniboia municipality, near Winnipeg. Ten other members of the Association have answered the call and have gone to fight for their King and Empire. We have decided to hold these men in good standing during their absence, and also any others who may subsequently join the army.

We have decided to obtain a Roll of Honor and to inscribe thereon the names of our members who have gone on active service. As stated above, two of our members have been killed in action and we are sure it is the hope of all our Members that the others may return.

We append hereto reports from the Vice-Presidents as required by section 10, clause 9, of the Constitution.

We submit herewith a Balance Sheet, duly audited, from which it will be seen that at the 30th of June we had a balance of cash in the bank and on hand amounting to one hundred and twenty-five dollars and fifty-six cents (\$125.56).

Respectfully submitted,

ERNEST W. J. HAGUE,
President.

ALEXR. OFFICER,
Secretary-Treasurer.

Winnipeg, Man., August 25th, 1915.
From W. F. Thornley, Vice-President for
Manitoba.

I have pleasure in submitting the following report of transactions of the Manitoba Branch of the Sanitary Inspectors' Association of Western Canada since last annual meeting, 17th July, 1914.

At that meeting the membership of the Branch stood at 47—26 members and 21 associate members. Our membership for the present year at 31st July, stood at 47—33 members and 14 associate members. While we have not increased in numbers, we have made progress in efficiency.

Since the last annual meeting, the Manitoba Branch of the Royal Sanitary Institute has held one examination, at which six of our associate members obtained the certificate for Inspector of Nuisances and were therefore admitted to full membership.

We have lost three members by death, Mr. F. J. Johnson, of Winnipeg, who was one of our members since the inception of the Association, and Mr. W. Barugh, of Transecona, also Mr. J. H. Jones, of Assiniboia. Both of the latter were killed while on active service.

A total of eight members have joined the colors and are now fighting for their King and the Empire.

The members of the Winnipeg Health Department are making good use of the library referred to in last year's report. Several volumes have been added, a number having been presented by Dr. A. J. Douglas, Medical Health Officer.

The weekly meetings of the Sanitary Inspectors of the Health Department of the City of Winnipeg has been continued as in the former session with much success. A paper was read on each alternate Saturday, the others being devoted to the answering and discussing of questions pertaining to sanitary work.

In conclusion, I wish to express my thanks to all the members and the associate members for their help and support during the year. The goodwill which at present exists among the members augurs well for the success of the forthcoming session. I wish specially to place on record the genuine and efficient services of the Branch Secretary, Mr. McQuillan.

Regina, Sask., August 31st, 1915.
From Thomas Watson, Vice-President for Saskatchewan.

As required by the Constitution, I beg

to submit the report of the transactions for the Saskatchewan Branch of our Association.

Since the last convention held in Winnipeg, the times, owing to circumstances occasioned by the war, have not been conducive to any combined meetings of our members. In Saskatoon, Moose Jaw and Regina several active members have left to give their services to the Motherland in different branches of military service. Their places have not been filled, so that we are the poorer at present as regards attendances at the three centres. Financial conditions too have robbed us of several more associates, as municipal authorities have reduced to the minimum the staffs of health departments.

We have been unable to convene any meeting of members of the whole branch, although our meetings of the centres have been maintained with undiminished enthusiasm. In Regina centre, where we have perhaps greater numbers, and therefore better opportunities, bi-monthly meetings were held from October till the end of April.

In addition to the papers, demonstrations and lectures of our own members, we were fortunate in having such men as Doctor Bow, Medical Health Officer for Regina; Mr. R. C. Wynne-Roberts, C. E., Regina; Dr. Hewitt, V.S., Regina; and John A. Rose, M.D., D.P.H., address us on topics of interest, and instructive to all concerned. The object we have arrived at has been to educate and prepare the associates and assistant inspectors for qualifying to become full members.

By correspondence we have kept in touch with other members in the Province, and my work has enabled me to meet frequently with outside and scattered inspectors. I can assure you there is no lack of enthusiasm or interest, and all are looking forward to the time when conditions will make it possible for a resumption of branch meetings at various centres. Already we are planning to resume work in Regina in October.

Calgary, Alta., August 26th, 1915.
From J. J. Dunn, Vice-President for Alberta.

As required by the Constitution I beg to report on the activities of this Branch of the Association for the year 1914.

During the year all the inspectors attached to this office desiring to qualify for the Sanitary Certificate, procured copies of Reid's Practical Sanitation and I prepared papers on all the branches of sanitary work for their instruction and explained to them the various methods of plumbing, sewage disposal and general sanitation.

I am sorry that no examination was held, but the reduction of salaries and members of the staff having enlisted has upset the whole business, but I trust when the war is over and things settle down to normal that an examination will be held, perhaps next year.

THE SANITARY INSPECTORS' ASSOCIATION OF WESTREN CANADA.

Abstract of Treasurer's Intromissions, 1st July, 1914, to 30th June, 1915.

RECEIPTS.		PAYMENTS.	
To balance in Bank at 30th June, 1914.	\$147.21	By Messrs. The Public Health Journal.	\$62.00
Subscriptions received from Members and Associate Members.	150.00	Honorarium to Secretary-Treasurer.	50.00
Interest on Bank Account.	2.85	Refunded Members in lieu of The Public Health Journal	13.00
		Annual Meeting expenses.	16.00
		Printing.	9.00
		Typewriting.	9.00
		Postages and sundries.	15.50
		Balance in Bank and on hand.	125.56
	<hr/>		<hr/>
	\$300.06		\$300.06

We have examined the accounts of the Treasurer of the Sanitary Inspectors' Association of Western Canada from 1st July, 1914, to 30th June, 1915, compared the Cash Book with the Vouchers and Instructions, and found the whole correct; and we certify the foregoing to be a correct Abstract.

(Sgd.) W. F. THORNLEY,
(Sgd.) W. J. T. WATT,
Auditors.

Winnipeg, Man., July 17th, 1915.



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